

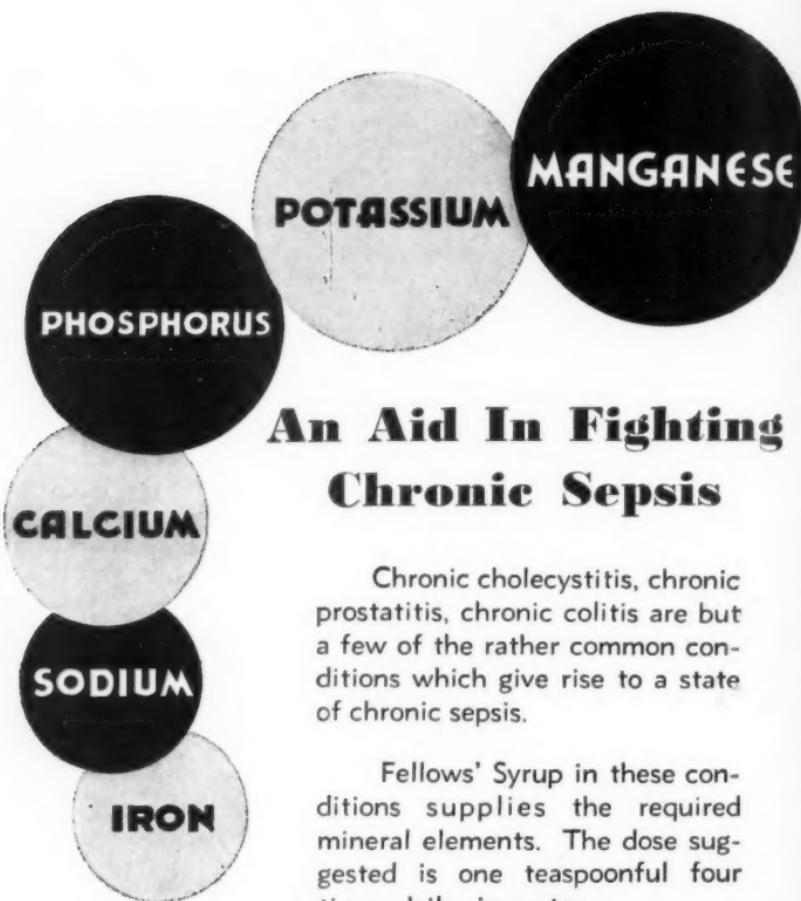
# Medical Economics

THE BUSINESS MAGAZINE OF THE MEDICAL PROFESSION

APRIL, 1936

• CIRCULATION: 129,000 •





## An Aid In Fighting Chronic Sepsis

Chronic cholecystitis, chronic prostatitis, chronic colitis are but a few of the rather common conditions which give rise to a state of chronic sepsis.

Fellows' Syrup in these conditions supplies the required mineral elements. The dose suggested is one teaspoonful four times daily, in water.

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SYRUP**

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26 Christopher Street, New York, N.Y.

# Medical Economics

THE BUSINESS MAGAZINE OF THE MEDICAL PROFESSION

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Cover photograph by Philip Gendreau

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# Antiphlogistine

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**H**OT, thick applications of Antiphlogistine — applied to the neck and, if necessary, entirely covering the neck from ear to ear — are of undisputed aid in effecting a reduction of inflammation and congestion in the pharyngeal and laryngeal tissues.

By providing continuous moist heat for anywhere from twelve to twenty-four hours, Antiphlogistine produces local arterial hypotension ... thus hastening the destruction of the organisms causing the infection and accelerating the processes of repair. Antiphlogistine also possesses antiseptic and retarding properties. It is absolutely non-toxic and non-irritating.

In nose and throat diseases such as those pictured . . . and in numerous other conditions . . . Antiphlogistine has been recommended for many years with uniformly favorable results. A sample of this plastic medicat, together with literature, will be sent you on request.



THE DENVER CHEMICAL MFG. CO.  
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# The B-D YALE LUER-LOK SYRINGE

**Security and  
greater strength**

**No extra cost**



**ECONOMICAL**—Tip breakage is reduced; (see illustration at left), it will stand more than 150 hours of continuous sterilization, the barrel case is reinforced; the pigment is permanent.

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**CONVENIENT**—Barrel and plunger are numbered for quick assembly; the finger rest is comfortable and flattened to prevent rolling; the plunger clip retains the plunger without scratching.

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*Made for the Profession*

**BECTON, DICKINSON & CO., RUTHERFORD, N. J.**

# SPEAKING FRANKLY

## ★ Got Your Reprints Yet?

To the Editor:

In your February issue appeared an article, "I Don't Want to be a Statistic," by J. Weston Walch, which we should like permission to reproduce in the *New York State Journal of Medicine*.

Peter Irving, M.D., Secretary,  
Journal Management Committee,  
New York City.

To the Editor:

I have read with much interest and satisfaction the article, "I Don't Want to be a Statistic." Since it is so timely, I request your permission to have it reprinted in our local newspaper.

Heaton Smith, M.D., President,  
Victoria - Calhoun - Goliad Counties  
Medical Society,  
Victoria, Texas.

[Permission is granted to any medical journal or newspaper to reprint the foregoing article, provided acknowledgement is made to Medical Economics. Private physicians may secure copies of the article for distribution among patients at their cost price: 30 cents a hundred. By March 1, as a result of the editorial in the February issue, orders had been received for 25,000 copies, while the volume of requests now coming in for quotations on large quantities indicates a total requirement of several hundred thousand reprints. The most successful way to distribute copies, readers are finding, is to have the office girl hand them to patients or to place a stack of them on the reception room table with a small sign, "Take one."—ED.]

## ★ The National Board Way

To the Editor:

Being a diplomate of the National Board of Medical Examiners, I was very much interested in a certain letter in February MEDICAL ECONOMICS. My experience in obtaining a license in a neighboring state has been entirely different from that of Dr. William A. Gardenier.

When I decided to locate at my present address, three methods of obtaining a license were open to me: (1) by reciprocity with my home state where I already held a license by examination (for this there was a \$50 reciprocity fee and an additional fee of \$15 to my home state for certifying and forwarding the credentials); (2) by passing the state-board examination in this state and paying a fee of \$25 (traveling expenses, living expenses for three days at the state capital, and loss of professional time extra); (3) by reciprocity through the national board and a \$50 fee.

Naturally, I selected the cheapest and easiest method, which was by means of reciprocity through the national board. My license was forwarded without any undue delay and with no additional restrictions or requirements.

I feel that my experience is the rule and that Dr. Gardenier's is the exception. For every diplomate who encounters difficulties (which are imposed by certain states and not due to any deficiency of the national board) there are perhaps hundreds of others who have their way to medical licensure considerably smoothed in a most dignified and respected manner.

Marvin J. Blaess, M.D.,  
Marshalltown, Iowa.

## ★ Water by Excelsior

To the Editor:

In your recent article, "The Cure," describing U. S. spas, no mention was made of Excelsior Springs. For your information, a few facts:

In 1933, the citizens of Excelsior Springs, realizing that the only hope of salvation for their community lay in its potential resources as a health resort, began urging the establishment of a city-owned mineral water system. The city sold bonds for the project to the citizens, and in 1935 a grant of \$647,000 was obtained from the PWA.

Contracts were let last December for the first part of the two-fold program: reconditioning of wells and springs and piping of the different waters to the site on which the "Hall of Waters" will be erected. The second part of the



## Sinusitis in Older Children

Infections in older children with larger sinuses and relatively smaller ostia require special treatment in addition to the removal of constitutional disorders.

The most approved treatment consists of the use of suction, removal of adenoids, and nasal tampons of 10 per cent solution of Argyrol—the standard in mucous membrane inflammations for many years.

Argyrol's peculiarly sedative, inflammation allaying qualities, and its clinical successes of 30 years' duration may be easily accounted for by pertinent chemical facts. No other silver product is chemi-

cally like Argyrol. No other product contains silver in the same physical or chemical state, nor protein of a similar type.

The very great differences between Argyrol and other silver salts in silver ion and in hydrogen ion concentration (or alkalinity) no doubt have much to do with the irritation noted by doctors when allegedly equivalent mild silver proteins are substituted. The pH and pAg of Argyrol are especially regulated for treatment of delicate mucous membranes. Insure the results you expect—specify BARNES.

There is one and only one Argyrol, made only by

**A. C. BARNES COMPANY, INC.**  
NEW BRUNSWICK, N. J.

**FOR 33 YEARS SOLE MAKERS OF ARGYROLO AND OVOFERRIN**

"Argyrol" is a registered trade-mark, the property of A. C. Barnes Co. (Inc.)

program—construction of the building—will start this month [April], city officials have announced.

At the "Hall of Waters" ten principal mineral waters will be dispensed. There is also provision for a mineral-water swimming pool; physiotherapy department for men and women; and a modern bottling plant, capable of producing 40,000 bottles of Excelsior Springs waters daily.

Aileen F. Hutchinson,  
Publicity Director,  
The Mineral Water System.  
Excelsior Springs, Missouri.

[Dr. Eugene B. Robichaux, secretary of Missouri's Clay County Medical Association, points out that "Excelsior Springs is unique in its advantage of having the following four distinct groups of mineral waters, any one group having formed the basis of an established resort elsewhere: (1) the laxative group, of which there are four; (2) the antacid group; (3) the ferro-manganese group; and (4) the diuretic calcic-bicarbonate group."—ED.]

## ★ National Medical Exchange

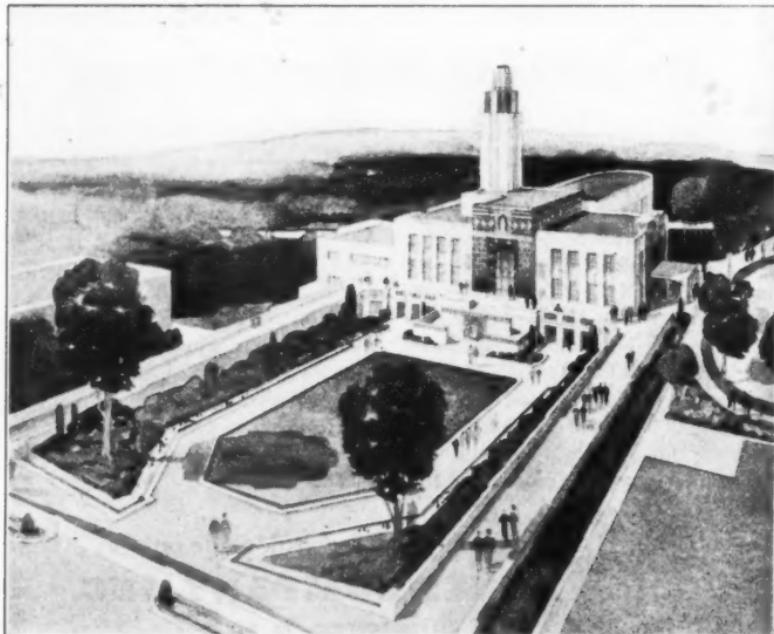
To the Editor:

During the past three years medical bureaus and business exchanges have sprouted up vigorously all over the country. To the medical societies of which they form an integral part they have proved their worth beyond question.

The next step is to establish a national organization through which their work can be facilitated and expanded. Although conditions in one community seldom parallel those in another, close cooperation and regular interchange of ideas among the various bureaus would undoubtedly be beneficial.

Since the bureaus individually have been successful in their attempt to protect the doctor economically, it is not too much to expect that these same bureaus, welded into a national body, could achieve hitherto untried-for results. This opinion is based on years of actual experience with a pioneer medical credit bureau.

Besides allowing for a regular interchange of collection, credit, and medical business data, a national exchange could protect the profession against exploita-



**HALL OF WATERS**  
Coming soon to Excelsior Springs by courtesy of the P.W.A.

# "THE HEAD WAXETH TOO GREAT"

Whilst the Legs and Lower Parts Growe Not Strate

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## VIOSTEROL

Concentrated. Easily administered. Palatable. Free from all fishy flavor. Uniform in potency. Accurate in dosage. Rapid in action.

•

Manufactured by:

**ABBOTT**

**MEAD JOHNSON**

**PARKE, DAVIS**

**SQUIBB**

**WINTHROP**

THE Dark Ages, when rickets was known as the English malady, did not end six centuries ago. As late as 1920, it was said that "every child in Central Europe was . . . rickety." As civilization advanced and people obscured their bodies from the sun underneath clothing, lived behind glass and under city-wide clouds of smoke, bone deficiency disorders grew apace.

But now—the sun never sets. The prevention and cure of rickets, through the use of Viosterol products, are securely in the hands of the medical profession.

In 1924, Dr. Harry Steenbock of the University of Wisconsin, announced his process for the use of ultra-violet rays in activating certain substances with Vitamin D. Five years of intensive clinical and experimental research followed—established the technique for

producing an accurate, standardized, highly concentrated source of Vitamin D which could surmount the barriers that civilization had erected against the health-giving sun.

Finally, in 1929, Viosterol, was made available for medical prescription by five of the leading pharmaceutical houses of the United States. Today, every physician can prescribe Vitamin D through Viosterol with accuracy and confidence.

In this great development, so essential to the welfare of the human race, the public spirit and foresight of these pharmaceutical licensees deserve no small place. They recognized that public and professional confidence must be won and held. They willingly helped to establish the plan under which Viosterol is kept to inviolable standards and fairly priced for broad usefulness.

## \*WISCONSIN ALUMNI RESEARCH FOUNDATION

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**MADISON  
WISCONSIN**

\*A corporation not for private profit . . . founded in 1925 . . . to accept and administer, voluntarily assigned patents and patentable scientific discoveries developed at the University of Wisconsin. By continuous biological assays, the public and professional confidence in accurately standardized Vitamin D is maintained. All net avails above operating costs are dedicated to scientific research.

tion by unscrupulous or inefficient collection agencies. Likewise, it could do much through a plan of public education to stimulate proper respect for the doctor's bill. Credit grantors even today are much too prone to consider lightly the fact that their prospective customers are indebted to physicians.

Lack of space forbids my outlining the additional advantages promised by a national medical business bureau. However, I have prepared a thought-provoking questionnaire on the subject which will be mailed upon request to any medical society or to any medical or dental bureau recognized by a medical society. Organization of a national exchange will begin just as soon as sufficient support is pledged to insure its success. Address inquiries to—

J. L. Price, Toledo Physicians & Dentists Credit Ass'n., Inc.  
1420 Monroe Street,  
Toledo, Ohio.

### ★ "Baby Economics?"

To the Editor:

This letter refers to the article, "One Third Off," in your February issue. I believe that Author Putnam, of Aurora, Illinois, will learn from sad experience within two years that he has simply reduced his prices 33 1/3% to his paying patients, and that those who can not or will not pay will continue to hold back.

It must be comical to the general business world to see us talking about and trying so many tom-fool types of baby economics, when they, for at least a half century with us as customers, have practiced the long-since accepted successful type. The same consists only of placing the proper price on their merchandise and refusing to sell it unless paid for it. A discount of 2% (not 33 1/3%) is allowed for cash, or if paid by the tenth of the following month when credit is established by previous investigation and used.

We owe it to ourselves, our families, and our profession to adopt the plans that all other business groups have adopted.

H. P. Travis, M.D.,  
Los Angeles.

To the Editor:

The article, "One Third Off," states a fact: that my collection system is working splendidly. Dr. Travis says it is his belief that it will fail inside of two years.

If Dr. Travis knows definitely what is going to happen in two years he should not confine his information to

a medical journal. He should tell the world.

Many a patient has money to pay on that recent acute illness account; but he wants to spend it for other purposes. Do you think he is going to stop, look, and listen to an offer of a 2% discount on a \$12 debt, which mathematics shows amounts to the sum of 25 cents?

Glenn W. Putnam, M.D.,  
Aurora, Illinois.

### ★ For Financing

To the Editor:

Old patients should be educated to finance medical accounts just as they finance purchases of automobiles, radios, and furniture.

There are many advantages to financing non-cash accounts with a finance company in preference to carrying them on the books. This applies even when promises to pay have been made in good faith and when some monthly payment plan has been decided upon.

Usually there is too much incentive to put off the good old medico with excuses. But once a third party, such as a finance company or bank, enters into the transaction, hard-luck stories do not hold and medical payments are met just like those on new automobiles. Any fights are between the patient and finance company. The medical man keeps his good-will.

Financing medical accounts is one sure way to put an end to the following practices: (1) delaying payment of the doctor until the last; (2) expecting a discount of one third to one half for cash; (3) purposely letting an account drag as long as possible with hopes of a large discount months or years after it has become overdue; (4) developing ill-will toward the doctor when collection must be forced by legal means.

Rather than offer one third or a half off for cash it is preferable to discount for cash 10% (the usual fee charged by finance companies) and turn the account over to a finance company.

The more cut rates are offered for cash the harder it becomes for others to collect in full for services rendered. Patients finance nearly everything they purchase, so why not medical services?

J. J. Warta, M.D.,  
Omaha, Nebraska.

### ★ A Vast Gulf

To the Editor:

The difference between homeopathy and allopathy is not merely that be-

## Doctor, this—and

# Oh! Doctor that!

SOMETIMES the questions prefaced by "Oh, Doctor" are amusing; sometimes they are preliminary to the announcement of a tragedy. . . .

But when your patients ask, "Doctor, should I drink pineapple juice?"—you have an answer, based on facts, in which you have full confidence. For DOLE Hawaiian Pineapple Juice is the *natural* juice of selected DOLE-grown pineapples. An exclusive method of vacuum-packing retains in high degree those important food values of the sun-ripened pineapple.

Children love to drink it, particularly between meals. It is a grand breakfast drink, as well as for noon and night time. Accepted by the American Medical Association Committee on Foods. Hawaiian

Pineapple Company, Ltd., Honolulu, Hawaii. Sales Offices: 215 Market Street, San Francisco, California.

### ★ HERE IS A TYPICAL ANALYSIS OF DOLE PINEAPPLE JUICE:

Moisture . . . . .	85.3%
Ash . . . . .	0.4
Fat (ether extract) . . . . .	0.3
Protein (N x 6.25) . . . . .	0.3
Crude fibre . . . . .	0.02
Titratable acidity as citric acid . . . . .	0.9
Reducing sugars as invert sugar . . . . .	12.4
Carbohydrates other than sugars (by difference) . . . . .	0.38

*And always packed without added sugar!*

★ If you will drop us a line on your letterhead, we will be glad to send you a free sample can of DOLE Hawaiian Pineapple Juice.



# DOLE



HAWAIIAN PINEAPPLE JUICE

## Professionally designed SUSPENSORIES

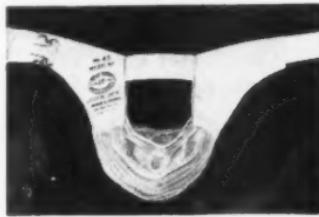
In nearly 50 years of suspensory making, Johnson & Johnson designs have been based on the recommendations and requirements of the medical profession. Our complete line offers types suitable for all the varying cases.

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NEW BRUNSWICK, N.J., U.S.A.



DIAMOND J

With elastic waistband and understraps; elastic opening in cotton pouch. Sizes: large, medium, small.

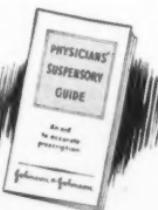


J. P. 45

Self-adjusting, with elastic strip in yoke; cotton pouch; non-elastic waistband; no understraps. Sizes: large, medium, small.

### New SUSPENSORY GUIDE Free!

Convenient, brief, complete—as well as up-to-date—this new Physicians' Suspensory Guide is a practical aid to all who prescribe suspensories. Every physician should have a copy for ready reference. Write today for your copy.



tween "little pills" and "big pills."

Homeopathy is not bombast. It is work-conscious and unbiased study of our patients and of our many medicines, in order successfully to guide each case through a series of remedies, in varying "potencies."

The crux of the difference between allopathy and homeopathy is that the latter endeavors to clean up a case from its base—to drive disease manifestations away from central, vital organs to the superficial tissues, mucosae, and skin. When the right kind of homeopathic prescriber gets through with a case, the patient discovers that he has had not only his eczema or his kidney stone, or other ailment eradicated—never to return—but also that, as years go on, his entire systemic health condition improves. And strange as it may seem, he finally *quits living*, gently, at an advanced age, without having been a burden to his friends or a torment to himself for months or years preceding.

A competent homeo does not attempt to set a bone with little pills. But, added to the proper mechanical treatment, he administers the correct remedy to aid the healing of injured tissues.

When the homeos "stick to their lasts" and do not try to imitate the allopaths, the public observes the vast gulf that lies between the two methods.

Mary I. Senseman, M.D.,  
Monticello, Ill.

### ★ Up-hill Battle

To the Editor:

The young doctor of today should be encouraged and aided in his up-hill battle for recognition. Well-established colleagues who were fortunate enough to secure their start before the harrowing days of the depression can be of real assistance to him. How? By keeping these young men in mind when there are emergency and night calls to make which they are not in a position to handle. Refusing such calls not only makes a bad impression upon the patient but deprives the younger man of a share of badly needed practice.

M. D.,  
Chicago.

### ★ Trouble Shooters

To the Editor:

Your article, "A Key to Reciprocity" (December, 1935), serves to remind me of early struggles to establish a system of medical reciprocity.

The Wayne County (Detroit) Medical Society started the movement. Much material on the subject appeared in



# Neobovinine

with  
**Malt and Iron**

**T**housands of physicians now depend upon Neobovinine with Malt and Iron for rebuilding the strength of convalescent or "run down" patients.

464 mgm. of Iron per 100 cc., Liver Extract of proven potency, Malt Extract and Vitamins B and G in such proportions as to insure effective treatment in secondary anemias! These constitute its simple formula.

In addition, Neobovinine with Malt and Iron is palatable, easily administered and reasonable in price.



*Samples free on request*

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8134 McCormick Boulevard  
Chicago, Illinois

# VIRGIN PINE FORESTS-

## Fragrant Exhilarating



THE perfectly balanced blend of pure pine needle oil and other therapeutic agents\* contained in Pineoleum virtually brings the soothing and exhilarating fragrance of pine forests to head cold sufferers. Pineoleum's stimulating relief will be especially appreciated in nasal catarrh.

Pineoleum is the original oil spray for rhinitis and acute coryza. Forms now available: Nebulizer spray or sealed 30 c.c. dropper bottle—dropper bottle with ephedrine—Pineoleum Ephedrine Jelly in handy nasal applicator tube.

\*See package label.

## PINEOLEUM

Reg. U. S. Pat. Off.

THE PINEOLEUM CO.  
8-10 Bridge St., New York, New York  
Please send samples of Pineoleum and Pineoleum with Ephedrine.

Name.....

Street.....

City..... State .....

medical literature from 1899-1902, when I was active in creating sentiment for medical reciprocity. The idea of a national board, although desirable, was not practical at that time.

Subsequent activity on the part of myself and others interested in the idea did much to pave the way for the current system that has nullified so much of the trouble of four decades ago.

Emil Amberg, M.D.,  
Detroit, Michigan.

### ★ Forty Cents for Luxuries

To the Editor:

Here is a copy of a letter I received recently from a patient, together with my reply. It may interest your readers: "Dear Dr. Coole: I am very sorry that this matter was overlooked. I hereby remit the two dollars (\$2.00) for service rendered by you. I know you have been deprived of many of the luxuries of life due to my carelessness. You must have needed this amount badly to jeopardize a man's credit rating and maybe his job. I don't suppose this would mean anything to you, though.—J. A. Outlaw."

"Dear Mr. Outlaw: I thank you for your remittance of February 17 and assure you that your letter means much to me. It represents a fixed idea on the part of the patient that a doctor is an extremely wealthy person with boundless energy and limitless time, who is for 24 hours a day on the alert to answer the calls of patients.

"Just where the money comes from to pay his expenses during eight years in school without pay, to go through the starvation period of building a practice; to keep a car in constant readiness to answer calls; to pay office rent, telephone bills, nurse's salary; to buy supplies, clothes for himself and family; and to pay for groceries, house rent, and the innumerable necessities of life—I am afraid no patient ever worked out.

"Now let's see just what luxuries your remittances will buy. Leaving out the above, your bill is fourteen months old. This means I have sent you at least twelve statements. It costs me approximately five cents a statement, or a total of sixty cents in your case. Half of your two dollars goes to the collector because the bill is over a year old. Thus, it costs me \$1.60 to collect your bill, leaving me 40 cents to apply on my expense and to buy luxuries!

"I don't suppose this would mean anything to you, either!"

Walter A. Coole, M.D.,  
Houston, Texas.



# CHUX

## DISPOSABLE DIAPERS

**ELIMINATE LAUNDERING**

**COMFORTABLE • WATERPROOF • MORE ABSORBENT**

• Diaper laundering is banished in the home that uses CHUX. Mothers save time and energy for more important duties. CHUX are made of soft, absorbent hospital gauze and cellulose, with a waterproof paper back. The diapers conform readily to the infant's body and are pinned in the usual manner. CHUX are more comfortable and more absorbent than ordinary diapers and lessen the danger of diaper rash. CHUX have been

used for three years by large maternity hospitals.

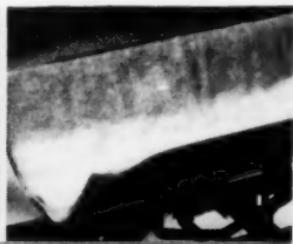
*Large Size CHUX*, for babies over 12 pounds, 13½" x 20", 25 in package. Ideal pads for examining tables and scales, as shown below.

*Small Size CHUX*, for babies up to 12 pounds, 9½" x 15", 50 in package.

**FREE SAMPLES**—Will be sent to physicians requesting them.

PROFESSIONAL DIVISION

**Johnson & Johnson**  
NEW BRUNSWICK, N. J. CHICAGO, ILL



**COMPLETE DIAPERS—NOT INSERTS—USE ONCE—THROW AWAY**

## ANNOUNCEMENT

As of April 1, 1936, we are discontinuing all lay advertising and thereafter shall confine our promotional activities exclusively to strictly ethical procedure.

SHARP & DOHME



*J.S. Ziemer*  
President

# SIDE LIGHTS

THE cultists and "in-betweens" can talk from dawn till black in the face about educational standards in their respective fields. But the facts belie them. Admitting that the quality of education in general—including that of non-medical groups—has climbed during the past decade, the following disclosure is hard to overlook:

During 1935 the basic science boards of nine states quizzed applicants for licenses to practice healing. Of the physicians examined, 11% failed; of the osteopaths, 36.7%; of the chiropractors, 69.2%; and of the unclassified applicants, 62.5%.

Nor are these the figures for an isolated year. Results were comparable in each of the preceding eight years.

"COMPLETE medical care for only ten cents a day," promised by health insurance proponents, has that chicken-in-every-pot appeal which a gullible public loves.



Long-headed physicians can prick the bubble when patients blow it by reminding them that ten cents a day means \$36.50 a year per individual, \$153.50 a year per family—payable in advance!

WE struggle so hard for most of our advantages that whenever we earn one we ought to make the most of it. Our M.D. degree, for example.

Any quack can call himself



"Doctor," but the physician alone is entitled to append an "M.D." to his name. It is his badge of distinction. It tells the patient what he is and—still more important—what he isn't.

Hence the wisdom of substituting "M.D." for "Doctor" wherever possible: on our letterheads, cards, statements, announcements, and office signs. In all contacts with the public our medical societies will do well to follow suit.

BRANN, "The Iconoclast," whose idol-smashing advertisements once leaped at us from the back pages of magazines, could have broached no more shocking subject than political party disloyalty. Yet we're inclined to side up to it.

In our opinion, the old preachment that desertion of party means dishonor should be covered with its own beard and tucked away to rest. After all, why should any straight-thinking physician vote a party ticket unless the men on that ticket are known

to be attentive to the interests of medicine? Is it reasonable for him to cast his ballot for a certain Republican or Democratic legislator—purely out of a sense of loyalty—when he knows the candidate is friendly toward a group bent on socializing medicine? Likewise, why should he keep voting for a particular party in his local county when indigent medical care there is frankly disregarded or arbitrarily administered?

Our political parties are hardly the resplendent band wagons



they used to be; today they partake more of the one-hoss shay. It's time partisanship was recognized as a picayune consideration in vital medical issues.

LONG with the first shoots of this year's radish crop, sprouts the idea again of open fee-splitting. Its latest sponsor is Dr. Fred R. Fairchild of Woodland, California. He submits that an internist and a surgeon who have worked together on a case should render a joint bill, each listing the service he rendered. The argument advanced for this plan is threefold: (1) It snips off a cancerous growth: collusion between medical men; (2) it explains to the patient what may otherwise seem like an overcharge by the surgeon; and (3) it tends to instill in the public a true understanding of the relative worth of medical and surgical treatment.

IN these days of scepticism when everyone is a "chiseler" and your occupation is referred to disrespectfully as a "racket," it doesn't pay to expose yourself to criticism—no matter how ill-founded. Acting on this prin-

ple, several county societies are recommending the use of blank prescription forms by their members. Every effort must be made, they declare, to dispel the idea among patients that physicians may be collecting commissions from druggists for prescriptions referred to them.

**T**HAT THERE'S a vital difference, worth emphasizing, between hospitalization insurance (group hospitalization) and medical insurance (which provides a physician's care in time of illness).

Hospitalization insurance is economically sound. It promises a definite amount of hospital service (e.g., 21 days) for an equally definite fee (e.g., \$10 a year).

Medical insurance, on the other hand, is a gamble. It promises an *indefinite* amount of service for a definite fee. If the clientele is an unhealthy one, or is inclined to malinger, or falls prey to an epidemic, it is bound to suffer the consequences of inadequate care; either that, or the physicians will lose money—enough to put them out of business if they're conscientious.

**A**S a magnet, designed to draw people into dental offices, the slogan, "See your dentist twice a year," has proved itself a dud, compared with the Hartman desensitizer. For years the "See your dentist" motto has been spread around—at considerable expense. No doubt it has stirred some patients to seek treatment, too. But for its ability to produce immediate, sensational results, it can not even be classed with the Hartman discovery.

The reason why is worth noting. It may be summed up in one word: *fear*.

By offering the prospect of true "painless dentistry" to the world at large, Leroy Hartman spurred thousands of people to seat themselves in dentists' chairs for neglected treatment. Fear

had kept them away. He proved it.

To what extent is fear of pain and discomfort keeping patients out of medical offices? We have no Hartman to rally our recalcitrant clientele, but we can take steps to retain those patients we now have by sparing them pain whenever possible.

**C**ONTRASTING an \$80,000 handout to the U. S. Public Health Service for the control of venereal disease with a \$2,000,000 appropriation to fight chinch bugs, Representative Dirksen, of Illinois, roundly condemns prudishness in the discussion of venereal disease. He exhorts Congress to "tear the veil from this thing and drag it out into the open!"

"Is it not strange that we can dip into the public purse," asks Mr. Dirksen, "and spend money for every known reason under the sun—improving the quality of our livestock, our sheep, and our kine; eliminating insects from our apple orchards—and yet have so little regard for human welfare?...If we can spend



\$2,000,000 on chinch bugs and \$4,000,000 on the Mediterranean fruit fly, certainly \$5,000,000 is not too much to protect the health of this generation...It is one of the tragedies of this enlightened age that prudery, false delicacy, and false shame have limited the campaign against venereal disease to warning placards posted in public toilets."

To these remarks, made on the floor of the House, Representative Dirksen might have added that medical treatment is sought by more than 1,000,000 syphilitics and more than 1,500,000 gonorrhoeics each year, while twice this number receive no treatment

at all or depend for what they get upon the guesswork of uninformed drugstore clerks.

**D**ETROIT doctors have devised a new slogan: "Call up instead of tuning off"—which means, of course, to call up your local radio station and complain against any quack-flavored program instead of silencing it by a turn of the dial. The idea has merit. Radio stations lend an attentive ear to their audiences. Complaints voiced at the right time by the right people are likely to bring tangible results.

**D**IRECTLY or, more often, indirectly, the modern woman is as potent an influence in matters of public concern as the man. Her opinions count. It is important that she be properly informed about questions that affect the medical profession.

Several thousand women's clubs throughout the country are natural targets for propaganda shot from the guns of health insurance advocates. Every hit scored means a dart in the side of private practice.

Little can be done to stop the barrage at its source, but it can be rendered ineffective by the concerted effort of medicine's auxiliary corps: our wives, mothers, sisters, and adult daughters.

Most women's clubs have one or more physicians' wives among their membership. Besides actively precipitating discussion about the pitfalls of socialized medicine, these women should be urged to challenge every piece of propaganda on the subject.

County and state medical societies will do well to bring this matter to the attention of their auxiliaries. A women's committee should be organized in each community, whose purpose it will be to keep abreast of medical-economic developments and to represent the interests of the profession at women's club meetings.

—WILLIAM ALAN RICHARDSON

# Sea for Yourself

By FREDERICK M. LAW, M.D.  
AS TOLD TO CHARLES CUNEEN

**N**IIGHTFALL is approaching. My cruiser is lazing along gracefully in the summer sunset over the calm, green waters of the Troy Barge Canal. A feeling of serene detachment, of sublime escape from the rush and bustle of life, pervades the atmosphere. Workworn senses are caressed by the muted drone of the engine and the soft swish of cleft water, as we move slowly toward the next lock where we will tie up for the night.

Suddenly, my wife brings me back to reality by pitying a motorist stuck on the highway which parallels the canal. He's obviously

a tourist, judging from the luggage on his running board. The rear wheels of his car are jacked up and he is patching a tube. Other cars and trucks stream swiftly by him, in endless procession. Abstractedly, I join in my wife's expression of pity and dismiss the scene from my mind.

Soon our goal, the lock at which we will spend the night, looms before us. Another small boat is already tied up alongside it. I approach the bulkhead carefully as my wife goes forward, painter in hand, ready to make fast.

As our boat nears the bulkhead, a figure emerges from the other boat and hurries forward. Smiling, the stranger waves an invitation to my wife to throw the line. In a jiffy, we are made fast and my cruiser is transformed into a neighborly summer cottage.

Our voluntary shore hand is already aboard, chatting with my wife. As I approach, he greets me with a friendly "Hello, Skipper!"

For an instant, my thoughts revert to the tourist on the road, laboring along in his misfor-

Rosenfeld photos





Traffic-choked highways have robbed motoring of its recreational value. But the country's waterways continue to beckon. Instead of a summer cottage this year, why not spend your week-ends and vacation afloat? Dr. Law, as well-known a motorboatman as he is a roentgenologist, tells you of the fun to be had along our inland and coastal waters. Also included in his article are the practical facts you will want to know if you're interested in motorboating but haven't too much money to spend on it.

tune. But the mental picture lasts for an instant only. There is too close a bond of interest between amateur boat owners for a depressing thought to prevail long.

These impromptu meetings and their subsequent, neighborly visits are as much a part of cruising as the water itself. They never fail

to add new and fresh items to the motorboat skipper's storehouse of cruising lore. The natural quest for vicarious experiences would of itself thrust out any mental interlopers, apart from the unfeigned sociability which presides during these evenings. Certainly just such chance interludes



With anchor down and everything shipshape, the skipper can enjoy all the comforts of home.

Rosenfeld

have provided me with a basis for much nostalgic musing on long winter evenings when Jack Frost has routed King Neptune and my boat is on the beach.

All manner of glowing descriptions have been applied to the motor boat. It has been called a "bungalow on the water," "a portable summer home," an "in-violate retreat." Nor are these empty slogans. Your boat can be a hermitage or a castle; and of his castle, large or small, need no man be ashamed. There are no snobs among amateur skippers. Motorboating is one of the last outposts of good fellowship.

Naturally, I have not stressed the physical advantage of boating out of respect for the intelligence of my readers. But I might mention in passing the outdoor relaxation which dropped from the medical man's grasp when the automobile was robbed of its recreational value by cluttered roads, traffic waits, and the frayed nerves which even a short Sunday drive engenders. Thanks to the mass production ogre which has closed off this escape from the doctor, the choice, then, is a boat, or no transient outdoor recreation at all.

The first consideration in joining the growing legion of motor-boat enthusiasts is the location of waters in your vicinity suitable for boating. These locations you should know better than I. Almost anywhere in this country you are within reach of fairly good boating. Often there is a river nearby. Or, where there is no river navigable for small craft, you can probably find a sizable fresh-water lake. There you will see myriad small boats of the runabout or outboard motor type. Along the coastline, of course, the problem of where to do your boating is merely one of personal preference.

Even in a town where there is seemingly no outlet for the pursuit of boating, there probably will be found a number of enthusiasts who have discovered a place to indulge their avocation. As with every hobby, the new adoptee feels that he has a copyright on it in his locality until he begins talking about it, rather possessively, to his neighbors. However, if you are in doubt as to the best boating waters near you, a brief request to the Secretary of State will most likely inundate you with information.

Next, let me dispel any fears



No bumped heads and plenty of room for big appetites in these generous dining quarters.

photos

that you may entertain regarding the cost of motorboating. In both initial expense and upkeep, it is comparable to the automobile. The beauty of boating is that no matter on what scale you enter it, you obtain the maximum pleasure. You can picnic or fish just as well with a motorized rowboat as you can with a cabin cruiser of the most expensive design. You can hide yourself as completely on an inland lake as you can far out at sea.

The inland lake, of course, precludes cruising. The latterly popular runabout, or racing speed boat, is most suitable for lake use. This type of boat is featured by several manufacturers.

Prices vary, of course, with size and speed. The lowest priced runabout in a certain line is a 16-footer at \$945; the highest, a 27-footer at \$4,950. An entirely open utility boat is featured by the same manufacturer at \$865. The utility boat sacrifices dressiness, but is ideal for knockabout use and fishing. The runabout, on the other hand, is a speedy, stylishly designed model—truly a boat to make its owner the envy of any lake colony.

Then there is the outboard mo-

tor boat, recommended to the man who is not entirely sold on the pleasure of motorboating. An excellent hull and motor can be obtained for from \$350 to \$450.

For those who have a river or open water nearby, the cabin cruiser designed for rougher going gets the call. The cruiser is fitted with berths; refrigerator; stove; electricity; and, in fact, all the comforts of a modern home. With a cruiser and a river, adventure begins. Leisurely trips to distant ports, with no hotel bills and no greater expense than if you were operating your car, will probably lure you aboard at every free moment.

It isn't even necessary to go anywhere to enjoy motorboating if your time is limited. Fussing about in the sunshine and sleeping aboard in the open, if your taste runs in that direction, provide a complete change of atmosphere for the harassed physician.

The cabin cruiser is truly the owner's palace. He is monarch of all he surveys. It is at once a toy, a vehicle, and a home.

Cruiser prices begin around \$1,000 and range upward well into the five figures. A new cruiser of the small type recommended

for the tyro would cost between \$1,000 and \$1,500.

These initial costs, however, should not be contrasted with the same outlay for an automobile. The long life of the motor boat gives it a strong advantage on the right side of the ledger. With no more than average care, a boat will retain most of its original virtues for ten years; with exceptional care, for 15 to 20 years. A marine engine will stand up for from seven to ten years, with care a factor in its endurance also.

Naturally, in "covering the waterfront" I have researched a bit in the used boat marts. Out of this research comes one ominous warning which should be well marked by the buyer whose knowledge of boats is still in the potential stage. On every hand this warning sounds in the sincerest tones: "Leave private deals to the experienced boatman." In other words, if you do not have the guidance of an expert boatman, do not buy your first boat in the open market.

Despite the vagaries and pitfalls of used boat buying, one definite blessing has befallen the purchaser of late. The increasing popularity of the hobby, coupled with the aggressive merchandising policy of manufacturers, has induced a goodly number of enthusiasts to turn in their boats for newer or larger models in much the same manner as a used car is traded. Motorboat shows, patterned after the automobile shows, displaying latest models and improvements, have lent impetus to this practice.

One of the foremost builders of light cabin cruisers guarantees his own used boats. Other reliable manufacturers, many of whom are likely to have a traded model to suit your needs, will still be doing business at the same stand should something develop in the used boat you buy which could reasonably be attributed to their oversight at the time it was sold. As you are a potential new boat buyer, rest assured your plaint will not go unheeded.

Boat purchases are now being financed on a growing scale because of the expanding market. The usual terms are 40% down and the balance within twelve months. As a guide to the price of used boats, depreciation as a general rule can be figured at 40% in four years.

To exhaust the possibilities of acquiring a boat, just one word about building it yourself, with or without the aid of a handyman—DON'T!

At this point, I can almost hear you saying: "Everything is fine so far. I think I can afford a boat. But what am I going to do with it if I can't pay a man to navigate it for me?"

This is a natural question and one that deserves another question in answer. Do you know the exact road to the largest city 500 miles from your home? You don't, but how long would you hesitate if you found it necessary or agreeable to drive to that town? You wouldn't hesitate a minute. But the roads are marked, you counter. So are the waterways; and, between the two, the buoy signs on the water are more readable than the signs on many a road of my not too fond recollection.

Naturally, I assume that you will do some reading on marine subjects as a prelude to your first seafaring venture. With this as a nucleus, a few outings with a competent tutor should give you your sea legs. The tutor may be either a representative of the manufacturer or dealer from whom you buy your boat, or a member of the boat club to which you belong.

If you are still dubious, the counterpart of your familiar road map, with all waters marked for cruising, is available at slight cost from the U. S. Geodetic Survey in Washington. Similar charts can be obtained covering Canadian waters.

As far as actual operation of the boat is concerned, it is sim-

pler than shifting automobile gears, as there is only forward, neutral, and reverse. Steering is identical with the handling of a car, except for swinging in close quarters, when slight shifts of the stern due to propeller reaction must be compensated. Your fingers will be itching to "take over" even during preliminary instructions when *your* boat materializes. That's the real fun in boating—that and the dawdling about with paint brush, shining cloth, and oil can.

Maintenance costs on a boat are well within the limits of the average physician's income. An all-inclusive budget, including storing for the winter, fitting out for the season, gasoline, oil, and insurance, should amount to approximately \$250 for a season of not-too-extensive cruising. The distinction between cruising and boating on a lake with a small outboard or runabout type boat

should be noted carefully. On the latter two types of boats, upkeep would be considerably less.

An important point to bear in mind is that this budget for a season of cruising is no more than the rent of a very modest summer cottage. And it is well below the rent of a more elaborate bungalow at a popular resort. Subjected to this contrast, the boat budget shrinks a lot.

Naturally, space limitations preclude intimate presentation of all the enticements that the water holds for the jaded land-lubber. However, if you feel that it offers a feasible hobby for you, I strongly recommend an investment in the current issue of a good motorboating magazine.

Having gone this far, maybe some balmy day in June will find you calling exuberantly: "Cast off the line!"

I'll be on the lookout for you!

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## When It's Big-Snow Time in Iowa



Charles W. Ihle, M.D., of Cleghorn, finds two dogs better than eight cylinders.

# A Practice that

AS the President was shuffling the cards for the New Deal, Philadelphia physicians began to take tricks with a diphtheria immunization campaign. Up until that time patients' reduced incomes and free immunizations by a zealous board of health had made serious inroads on the profession's score.

At a series of meetings of the society's medical economics committee the plan of attack was plotted and whipped into shape. Briefly, it was this: to get patients back to the doctor's office by means of a campaign to immunize every possible pre-school-age child in the city and its suburbs; and, by so doing, to reduce the mortality and incidence of diphtheria.

Having definitized its plan, the medical economics committee had then to put it over. The initial step was to appoint a subsidiary committee to take over details necessary to the campaign's success. Since it concerned child

health, most of the men enlisted in the auxiliary unit were pediatricians.

The opening gun was fired by the society's *Weekly Roster and Medical Digest* early in April, 1932. It echoed the following recommendation adopted by the commission on medical economics of the Philadelphia County Medical Society:

"The question of ethics in relation to the solicitation of patients under certain circumstances, especially for the purpose of advising measures for the prevention of disease, should be clearly interpreted by the society in order that its members may be free to act without fear of criticism.

"Members should be advised that it is not only ethical, but that it is also their duty in the interest of public health to solicit their patients to present themselves for periodic health examinations, for immunization against smallpox, diphtheria, etc., and to cooperate with the department of public health in all matters of preventive medicine."

Other full-page notices were published in subsequent issues up to the middle of May. Each year since 1932 the salvo has been repeated: Solicitation of patients for immunization is ethical; here's a form letter to be sent to patients on your own stationery; or, if you prefer, here's a letter available on society letterheads at 25 cents for 50; free toxin-antitoxin can be secured from board of health supply stations at such and such addresses; now is the time "to regain some of your patients, to increase your income, and to give vital service to little children."

This letter is suggested to physicians for use on their own stationery:



DR. FELDERMAN

Immunizations have increased five fold.

# Booms in the Spring

For centuries in most places May Day has meant daffodils, Maypoles, and spring cleaning. In Philadelphia since 1932 it has meant less diphtheria, and more patients in the family physician's office.

By LEON FELDERMAN, M.D.

"My records show that Johnnie has not been immunized against diphtheria. You no doubt know that diphtheria, like smallpox, is now a preventable disease. No child need suffer from diphtheria, for modern medical science has developed a successful preventive measure in the form of a simple, inexpensive injection of diphtheria prophylactic.

"May first—CHILD HEALTH DAY—should see every child in Philadelphia over the age of six months successfully immunized against diphtheria. In a city-wide campaign under the auspices of the Philadelphia County Medical Society physicians aim to eradicate this destructive disease. Cooperation of parents is essential if this life-saving battle for their children is to end in victory. It is in this spirit that I, as your family physician, address this letter to you."

Practitioners who would rather not send out the foregoing message on their own stationery can nail this one on the county society's letterheads:

"Diphtheria can be entirely eradicated by closer cooperation between the parents and their family physician. The number of cases and the deaths from this contagious disease have already been greatly reduced and can be almost entirely prevented by immunization. See that your child has this protection.

"The records of the department of health show an almost continuous decline in the number of

cases in the past decade. In 1925 there were 3,887 cases in Philadelphia, and through the means of immunization,

the number was reduced last year to 206, with only 22 deaths.

"Physicians believe that thru your cooperation in the employment of this efficient method of prevention, the number of cases of diphtheria developing in Philadelphia can be reduced to a negligible factor. The Philadelphia County Medical Society, thru its individual members, desires to bring this matter to your attention, and seeks your cooperation by having your child immunized against this disease before he enters school.

"The injection method of preventing diphtheria has been scientifically studied, tested, and standardized. At the same time the cost has been brought within the reach of the majority of parents. The susceptibility to diphtheria is greatest in the earliest years. Therefore, you should not delay, but should give your child the benefit of this protection at the earliest possible moment. (From six months of age on.)

"The County Medical Society has authorized its members to send out this letter, and I trust that you will arrange to have your child immunized as soon as possible."

The form letters pull mightily. But they are not made to haul the whole load. Educational publicity is put into harness and often exerts even more power. Not only that—it is felt by many patients to whom, for some reason or other, a letter is not sent. Thus it does its good share in further-

Ewing Galloway



Over the air: dramatic statistics.

ing the campaign.

Publicity goes out through three media: radio, newspaper, and placards. Of these, radio is the most effective. Many weeks before the first of May—Health Day, the peak of the campaign—a series of radio talks begins. Each one lasts about five minutes. Air time is given free by broadcasting stations. In connection with these microphone messages the committee in charge of the drive does important work. Over telephone wires go exhortations to pediatricians, to authorities on contagious diseases, and to the society's number one public speaker. They are asked to prepare and air brief addresses. Few balk. They appreciate the importance of what they are being asked to do. Then, too, there's

something about a microphone!

Those for whom material or the organization of ideas comes hard are helped by society headquarters. The foreign-speaking population is reached by M.D. broadcasters with tongues that can negotiate German, Italian, or Yiddish.

Radio talks lend weight to the preventive ounce; cite dramatic statistics about immunization among the pre-school aged; assure that toxin-antitoxin involves no pain, no danger, and no loss of school time; and drive home that immunization should be done by the family doctor, who is familiar with child patients and able to give them proper follow-up care.

Not every community has broadcasting facilities available. But often a station in some nearby locality may be used. If radioing is impossible, newspapers are certainly available.

Three days before a talk is to be given over the radio, a copy of it is released to the press. The date of its airing is made clear so that it may be published immediately afterwards. This is done by the publicity and public relations committee. Editors are usually glad to play up copy of this sort.

Further publicity is secured by asking the newspapers to interview prominent pediatricians or authorities on contagious diseases: "See what they think about diphtheria immunization." Well-known men are suggested, good bets for any daily. Those to be interviewed are told in advance by the society, and there's seldom a case of "won't talk."

Although in Philadelphia no arrangements have been made for placarding buses, trolley cars, billboards, and other public spaces, the society was urged by members of its campaign committee to do so. Many members consider the idea sound; prove it by displaying generously dimensioned signs in their offices: "Diphtheria campaign is on. Af-

ford protection to your child. Consult your family physician!"

During the campaign most physicians reduce their fee for immunization from the usual \$1.50 to \$1. Two reasons: (1) volume; (2) a free supply of toxin-antitoxin from the board of health. The reduction is not publicized. However, it is often mentioned diplomatically (and to good effect) during a phone call, a chance meeting in the street, or when a patient calls at the doctor's office. Since the society has stamped its approval on solicitation for immunization, Philadelphia physicians feel ethically intact when they follow up their form letters by telephone and remind patients of the campaign and its purposes.

In spite of the fact that in the matter of immunization the board

of health is the profession's keenest competitor, cooperation between the two is well established.

It may be asked, "Why designate a special day to keynote the campaign?" It gives the drive a punch. In addition, the campaign is revived every year; it comes back stronger when specially timed. To prove it, in Philadelphia, since 1932, the number of patients brought to private physicians for toxin-antitoxin has increased *at least fivefold!* Society members engaged in the campaign were at first a few hundred. Now they number more than 50% of a roster of 2,000. Diphtheria incidence and mortality has been reduced to a degree that has earned congratulation for the city's profession, and, incidentally, a gratifying increase in income, too.

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## Physicians Stage Act for Charity

DAY crowds gaped in horror and enjoyment while leading surgeons from Philadelphia hospitals cut, sawed, sewed, and bandaged through an average of four operations a day during a one-week stand at Humanity Hall last month. In the belief that Quaker City folk would contribute more generously to the United Campaign to raise about \$5,000,000 (to support 141 agencies of the Community Fund and the Federation of Jewish Charities) if they were allowed to look behind the scenes and see the uses to which their money would be put, Convention Hall was hired, renamed Humanity Hall, and filled with exhibits of charitable work.

About 40 booths dramatized the passage of hospital-charity patients from clinics through x-ray, operating rooms, and

wards. The high cost of supplies, instruments, and equipment was emphasized, as well as the expense of efficient lay departments, such as record libraries, laundries, and social services. Twenty-three medical lectures were given during the week on varied subjects: infant care, cancer research, obesity, x-ray, and the common cold. The most popular exhibit was that chamber of horrors, to a layman's mind, an operating room, set up at a cost of about \$1,000 on a ten-foot platform. In it was demonstrated the need and process of surgery.

The hospital demonstration was staged by a committee of physicians, including Drs. Alfred Stengel, of the College of Physicians, and George C. Yeager, president of the Philadelphia County Medical Society.



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# EDITORIAL

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## Ask Medical Economics

QUITE likely there's one on your mind right now—some question about the business side of your practice. What are you going to do about it? Forget it? Take time from your work to hunt the answer yourself? Or, as thousands do each year, *ask MEDICAL ECONOMICS?*

Better *Ask MEDICAL ECONOMICS*—for these reasons:

First of all, there's our file. Consider it as much yours as it is ours. It holds the results of twelve years' clipping: thousands of articles from every professional and lay publication known to contain material on the non-scientific side of medicine. We are adding to it every day.

Then there are the 150 issues of MEDICAL ECONOMICS that have come off our presses to date, containing some 3,000 articles or a total of more than 5,000,000 words. These comprise a veritable cyclopedia of knowledge about business problems of medical practice, drawn from the best source there is—the practicing physician.

For more than a decade the editors of MEDICAL ECONOMICS have engaged in field work. They have gone into scores of cities, towns, and villages, there to interview and chat with your colleagues. They are thoroughly familiar with the difficulties that beset you in your everyday work. Their experience is yours to draw from.

In addition, we have 200 of our own correspondents, plus access to those of a world-wide syndicate. This enables us to get the facts about any situation anywhere immediately. A wire or letter is all that's necessary.

We are proud, too, of our special friends among the profession—hundreds of them ready and willing to respond to our requests for information. No less capable are our researchers who go behind the scenes, probe for facts in newspaper morgues, and do all manner of library investigation.

These facts are given here not for the purpose of blowing our own horn but to describe the facilities we have for helping you. We urge you to use them.

Some time ago a physician asked us to tell him what his various overhead costs should be. Frankly, that was a poser. We told him so, too, but assured him that, given

a little time, we would have what he wanted. Hence, our current survey of professional income and expenses (results to be announced next month). Not only will our inquirer be answered. His colleagues throughout the country will also learn how much of their gross income should be consumed by such items as rent, car maintenance, equipment, supplies, and salaries to assistants.

Once we were asked whether or not a physician's statement should be itemized. By dint of a long, careful look we spotted a man who had probed the matter. He wrote an article on it for us. Before it appeared in **MEDICAL ECONOMICS**, it was sent to 200 M.D.'s for their comment and criticism. As a result we were able to publish a comprehensive answer.

Office assistants—many times we've been asked how to go about hiring them. We have contacted personnel managers, employment agencies, and physicians themselves and have on hand a thorough "how."

A few more examples: "How much free information should I give to insurance companies? What can be done to combat the cults? Where in the United States is there a promising location? What's the quickest way to collect fees for WPA compensation work?"

We've answered those questions and a multitude of others. We've published concise, practical information about everything from collections, investments, education, and office routine to legislation, health insurance, records, and hobbies. Yet the topics cited are but a fraction of the total.

Although, you, as an individual practitioner, are our main interest, a fair share of attention is devoted also to the problems of medical associations. Naturally, that helps you indirectly. For instance, our recent article by Dr. Iago Galdston, director of the Medical Information Bureau of the New York Academy of Medicine, gives an authentic answer to the question: "How can a medical society establish efficient relations with the press?"

To be perfectly candid about it, our interest in having you ask questions is not simply a token of our altruism. A publication thrives only as it meets the demands of its readers. We *have* to know what you *want* to know. At the same time, you can't get away from the value of this service to you and your associates.

It's a benign circle. Make it go 'round. What's your question? We either have the answer or will leave nothing undone to get it. *Ask MEDICAL ECONOMICS—today!*

H. Sheridan Bakelite



Ewing Galloway

## The PTA Needs You

AND YOU NEED THE PTA

• By FRANCIS S. WICKWARE

WITH internship behind him, an office equipped, and his certificates framed and hung on the wall, the young doctor looks forward eagerly to taking his place in the community and, incidentally, to getting some return from the investment of time and money which his training represents. In fact, unless he is lucky enough to have private resources, the need for such return is usually pretty desperate.

If he is located in a small town or rural community, he may very quickly become acquainted with all the inhabitants. But it does not follow that they will at once come to him with their troubles and ailments. Unless he can afford to join clubs and lodges, his opportunity for making social contacts which might lead to professional ones will be extremely limited. In the cities his problem is even more acute. On the one hand his overhead expenses will be higher, while on the other he will be faced with keener com-

petition and less chance to make himself known.

However, there is one inexpensive, underdeveloped, and entirely ethical way out for the farsighted young practitioner who is willing to give a certain amount of time and thought to a movement which may not pay immediate cash rewards, but which in the long run is almost certain to enhance his reputation, help build his practice, and gain him a wealth of goodwill. This movement is sponsored by the Parent-Teacher Association, already a powerful influence in some 23,000 American communities, and growing in membership every year.

The name of the Association tells much of its story. With an aggregate of more than two million members, the units of the Association meet at least once a month during the school term. Through lectures, discussion and study groups, and actual field work on many projects relating

to child welfare they attempt to bring about a better understanding between home and school. The average unit has about a hundred members, but they may range in size from 25 in small communities to more than a thousand in the cities.

A National Congress, with headquarters in Washington, exercises a modicum of control over the locals, but each unit handles its own affairs, maps out its own program, and tries to adapt itself to the needs of its own community.

The meetings are well attended, 100% being considered not extraordinary in the small units, and 75% a fair average for the large ones. In addition, various committees and study groups are constantly at work making investigations and getting up reports; and there are usually one or two cake sales or other money-raising or special meetings between the scheduled ones. Although many poor families belong to the Association, its membership is drawn largely from the more intelligent and financially comfortable classes.

\*

The splendid work of the Association, and its value as a co-operative community function provide ample reason for joining it. But of special interest to doctors is its Summer Round-up program for the medical examination of children just entering school. Begun in 1925 with the examination of only 1,100 children, the Round-up last year checked the physical condition of more than 90,000 four, five, and six-year olds in every part of the country. Forty thousand of these children were found to have a composite total of 136,931 remedial defects, with tonsils, adenoids, glandular disturbances, dental and optical faults ranking highest numerically. By autumn, 15,000 ailing children had been restored to health.

Apart from its practical ef-

fects, the ultimate goal of the Round-up is to educate parents to the need for periodic health examination of their children. The Association by no means campaigns for, or tries to provide, free medical care for the young patients. On the contrary, every effort is made to have the children sent to family physicians who are informed about their background and history. As indicated above, the Association membership generally can well afford to pay for such care. The Association retains no physicians; and in the case of a member being unable to meet a doctor's bill, it refers him to a charitable organization.

Without attempting to go too deeply into the organization of the Round-up program, it may be said that the unit appoints a Round-up Committee which first enlists the aid of local health services, canvasses the community to learn the names of children entering school, and sets a date for the examination. This takes place generally in May. The parents are given all details of the campaign, and suitable publicity is arranged for. Parents may then either take the children to the mass examination, held in some central place like the school gymnasium; or, as usually recommended by the Round-up Committee, take them to the family physician.

If the latter course is followed,



*"Once a member, the doctor will find many things to do for his unit. In the course of this work, he will be building a name for himself, enlarging his acquaintanceship, and associating himself intimately with people who are certain sooner or later to need his professional services."*

a comprehensive examination blank is supplied the doctor, who lists the child's defects and returns it to the committee. During the ensuing months a follow-up committee works in conjunction with public health nurses to remind parents if medical care is needed; and before school opens in the fall a check-up determines the status of the defectives.

The role of the doctor in this Round-up campaign is naturally of paramount importance, and even without any official connection, a medical member of the Association would find plenty of opportunity to participate. He might, for example, volunteer to take part in the examination or to serve on the committee, to talk with parents, or even to care for some of the charity cases. For this he would receive nothing but thanks and appreciation—which often pay rich dividends. But it is very likely that a doctor who put some effort into such a campaign would end up with a host of friends and a tidy addition to his practice, both gained in an honorable, useful, self-respecting way, and both apt to enlarge themselves as time passed.

Bear in mind that the Round-up is just one activity of the Parent-Teacher Association, and that for its own sake, as well as for the opportunity it affords for mixing with a desirable part of the community, it is worth joining. To become a member requires only interest, and the small dues—ranging from 50 cents to \$2.00—which the local units exact according to their size and location. The majority of the members are naturally parents of school children, but the Association

welcomes others.

Once a member, the doctor will find many things to do for his unit. He may deliver talks on every conceivable topic concerned with physical and mental hygiene, join committees crusading against some school or community defects, or perhaps merely stay on the sidelines and give individual advice when approached for it.

The loose framework of the Association permits such latitude to the units that what the physician can best do in the movement must be discovered by personal contact with his home unit. But no matter what he does, he will be building a name for himself, enlarging his acquaintanceship, and associating himself intimately with people who are certain sooner or later to need his professional services.

If he can gain their confidence, his future has gone a long way toward taking care of itself.

Ewing Galloway



Most mothers attend the meetings religiously.

# BLOOD by Donor

## THE GROWTH OF ORGANIZED TRANSFUSION HERE AND ABROAD • By JEAN BEGG

"THE patient was given a blood transfusion, but died," was an oft repeated story in the first half of the 1920's. True, blood transfusions were used only for emergency cases in those days. But there is also the fact that the champion blood donor gave his blood 750 times over a period of 12 years. His record year was 1927 when he was used 91 times, giving two quarts at one of them. Commercial agencies supplied donors and, for business' sweet sake, they always produced one even if they had to grab him off the Bowery.

Shocked by the conditions of blood letting, Dr. Arthur F. Coca, of the New York Hospital, decided, about ten years ago, to do something to improve them. With a group of other M.D.'s he formed the Co-operative Blood Donors Bureau, a non-profit-making unit, to supply doctors and hospitals with approved donors. It failed to make expenses at first, but the New York Academy of Medicine gave it a cluck of encouragement and took it under its wing. It became the Blood Transfusion Betterment Association, still non-profit-making, and zealous for reform.

In 1930 a tall feather was stuck into its cap, when, as a result of its efforts, New York's health department began to license donors and to make regular physical examination compulsory. Last year it showed finan-

cial improvement. For the first time it was able to pay a moderate salary to its medical director who is in immediate charge of its work.

Despite the blood association's fairly long life, there are few organizations in the country to emulate it. Donors have long been organized and supervised by the governments abroad. Italy has its Blood Transfusion Committee, a French organization has the president of France as its patron head, and the British Red Cross controls England's bought blood.

Last fall the first Blood Transfusion Congress was held in Rome. The United States lags far behind. But Dr. E. H. L. Corwin, secretary-treasurer of the Blood Transfusion Betterment Association, with envious eyes on Paris, Brussels, London, and Berlin, predicts the adoption of better blood societies "in all other large population centers."

Owing to the increase in blood transfusion, most hospitals and hematologists throughout the country have rosters of carefully tested donors. Many communities, awakening to the need of an organization like the Blood Transfusion Betterment Association, have written for advice on how to form one.

The BTBA has on its rolls 1,245 donors—probably the healthiest single group of citizens in the country. These are

46% of all the donors licensed by the city. Many of them are doctors or students from New York colleges.

A prospective association blood-giver is thoroughly examined for his physical qualifications for the role. His blood is typed, a Wassermann made, and the percentage of hemoglobin determined. If accepted, he is photographed and the department of health is asked to license him and give him a passbook. If for any reason that august body refuses, the applicant can not be enrolled with the association.

A donor must carry his passbook at all times when responding to calls. It contains his photograph and other identification; his blood type; Wassermann certification (renewed every six months); the date of his last transfusion; and the amount of blood taken, attested by the signature of the M. D. who was in charge.

The blood organization makes a Kahn test every six months to alternate with the Department of Health's Wassermanns. Thus, in effect, donors are checked for syphilitic infection every three months.

Blood-givers must stay off the active list one week for each 100 c.c. given. Also, their hemoglobin reading must be 85% or higher before they are reinstated. The association makes every effort to safeguard the health of its donors; keeps their records on file for ready reference.

All donors must have telephones. The BTBA is open for service 24 hours a day. When an urgent summons comes, it attempts to get a donor in the vicinity of the call. If necessary,

the human blood reservoir is sent by taxi. After a transfusion, the hospital or doctor pays the donor \$7 per 100 c.c. of blood taken, and the association \$5 for its service.

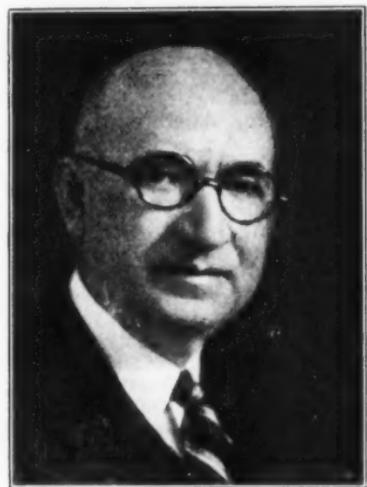
In New York City 5,830 transfusions were made last year. Result: \$250,000 for donors, and for the Blood Transfusion Betterment Association more prosperity and a chance to extend its blood research and its service. During 1934, it sold in almost every state in the Union and in Canada a total of 27,180 capillary tubes, plus 2,124 c.c. in 2-c.c. vials of high-titrated testing serum.

No women are on the New York association's list. Few are accepted as professional donors anywhere. From St. Louis, however, comes news of a woman who gave an average of one transfusion a month in 1935. She is a member of an association of blood donors—a unique one. It supplies blood only to those who are totally unable to pay for a new supply. Called the Blood Donors Benevolent Association, it was founded in St. Louis a year or so ago by a windowwisher. Having responded to a call for a free donor, he pondered and decided it would be a good idea to organize a group to give blood for charity's sake. Doctors volunteered to test his members, in spite of the fact that they thought his plan unfeasible. The organization now has 110 members: housewives, janitors, truck-drivers, clerks, shoe-makers, and mechanics. It functions day and night; is proud because few of its members are from the white-collar class; and reveres its champion, the woman with the twelve-month record.

# Buying Health in Advance

VIA THE STUDENT HEALTH SERVICE  
OF THE UNIVERSITY OF MICHIGAN

A CAMPUS idol at the University of Michigan in 1912 met accidental death. Later on in the year something else happened: The university's president was asked by a distracted parent for the name of an undertaker to prepare a loved son for burial. The deceased had been a student.



JAMES D. BRUCE, M.D.  
Medical adviser to the university.

But the president knew nothing about him until he received the grim request.

These two happenings, the latter tinged with irony, are supposed to have hastened pending plans for a university infirmary.\*

\*Students and faculty had been agitating for such a unit. Official action by the regents of the university finally created it. They remain the controlling body.

It opened in the fall of 1913, equipped with three full-time physicians, a nurse, a clerk, a budget of \$10,000, and a general idea of assisting in the health problems of the student body (numbering, at that time, 5,520).

Called the University Infirmary at first, it soon became the University Health Service. With the change in name came a rapidly expanding program. Instead of concerning itself vaguely with health, it turned specific attention to student sickness.

This soon resulted in an obligation to supply students with unrestricted use of an out-patient clinic and lengthy hospital care for emergency conditions. From the start, service has been financed with fees paid along with tuition. At first \$2 was enough. But, gradually, service has been extended and improved. Now it takes \$15 a head each college year.

Executives of the plan plead that it is difficult to evaluate its success. Modestly, they point out that in 22 years their staff has grown to some 50, their annual budget to \$120,000, and infer, "Enough said." That the health service department will continue and, quite likely, grow, seems assured.

During little more than two decades of existence the Michigan University project has extended its benefits to over 100,000 members. That takes organization. The health service is a sub-section of a major department of the university's administration. Its director, Warren E. Forsythe, M.D., is responsible to the director of the Division of Hygiene and Public Health. The

latter answers to the regents of the University.

All university departments conform to a pattern of budgets, expenditures, and accounting. The health service is no exception. Financially, it has floated itself from the start. Students' dollars are the main ingredient of its budget recipe. But the university supplies a building and partly supports overhead from its general funds. This debit is offset by the significant amount of teaching contributed by members of the service's staff. Today, when expenditures are subtracted from the fees paid by beneficiaries, a healthy balance is left to the project's credit. This is easily understood. Members pay \$15 a year. For 1933-1934 the net cost per student was \$14.13; for 1934-1935 it was \$12.96.

So much for the health service's general administrative background. A few specific details are indicated. First, its staff: Sixteen physicians comprise it. They were selected for adequate previous training, personality, and character. Half of them serve full-time at about \$3,500 a year. The part-time-half work on a basis of two hours daily at \$75 a month. In addition to work done by these physicians, their colleagues at the university hospital treat cases referred to them by the service.

Now, equipment and facilities: A three-story building, measuring about 40'x70', relatively modern and fireproof, is the infirmary, headquarters for the medical department. Top floor accommodates 24 beds; the other two floors harbor offices (equipped as ade-

**Number eight in a series of articles on the outstanding types of health insurance in the United States. The example described here is controlled by a university and limited to student membership.**

quately as those of any representative general practitioner or specialist), laboratories, and x-ray units (one fixed, one portable).

Little publicity accrues to the service. A brief mimeographed report is sent each month to a selected group of university people, to a few others interested in the project, and to the local press. An annual report, in pamphlet form, also makes its appearance. Newsy or educational items about the service occasionally find their way into the student paper.

Freshmen feet are barely used to the campus before they are marched through the medical department's plant. This tour is preliminary to a series of lectures describing how Alma Mater Michigan watches over the health of her sons and daughters.

Upon passing a health examination, any regularly enrolled student is eligible for benefits under the plan. Services are curtailed somewhat for those who enter in an unhealthy state at any semester. But, if an acute emergency condition develops after admission, it is treated free in spite of a previously existing chronic disease. Last year 5,900 men and 2,182 women were enrolled for the university's regular session. During the summer session there were 2,119 men, 1,141 women.

The services available to members are comprehensive. Unlimited ambulatory care is given by general and special practitioners. Among the latter are mental hygienists, an x-ray man, an allergist, a thoroughly experienced consultant, and, of course, surgeons. When necessary, all specialists on the staff hold consultations over a student's condition. Ordinary drugs are supplied; particularly expensive ones are charged for at reduced rates, as are glasses, special nursing, private rooms at the university hospital, and appliances (except for

Underwood



UNIVERSITY OF MICHIGAN HOSPITAL

acute conditions). Calls at students' rooms require fees of \$1 during the day and \$2 at night. The university collects them, but they go to the physician who made the call—essentially to cover his transportation.

The university offices also collect fees for other extra services (to be mentioned). Occasionally such payments are made to the medical department, which immediately sends them to the university cashier.

For emergency conditions, beneficiaries are entitled to an operation and 30 days hospitalization. For non-emergency operations professional fees must be paid, but hospitalization within the 30-day limit is provided. Deserving students may have non-emergency operations done free at the university hospital which makes a per diem charge of \$4 against the health service department for these as well as for any other cases sent to it by the latter.

A few more points are needed

to complete the detail of the plan:

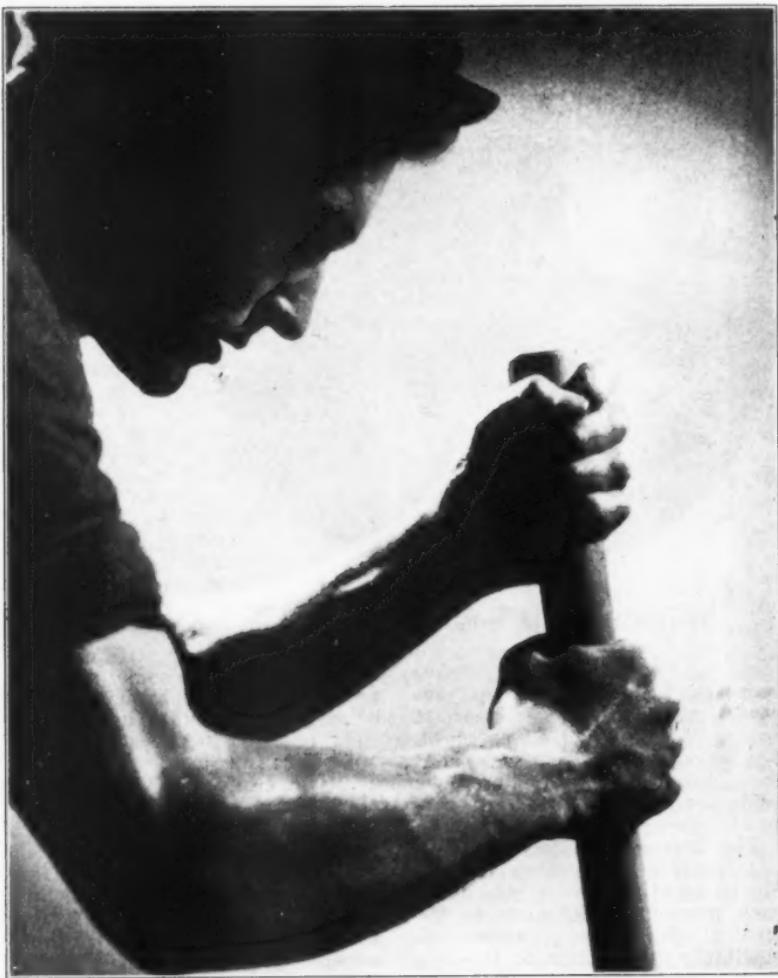
The infirmary's out-patient offices are open during regular class hours and for shorter periods on Sundays and holidays. Students may make as many visits as they desire. General practitioners usually receive visitors and, as necessary, pass them along to the various specialists. Some staff member is always on duty for room-call service.

Of course, some students

are patients of physicians who belong to the county medical society but not to the staff of the university project. They may avail themselves of any of the plan's privileges under the direction of the outside man and with the approval of the health service.

Naturally, two questions arise: (1) How do private physicians and the local medical society feel about the plan? (2) Do non-member physicians consider that they are being deprived of potential patients?

Apparently, the system is recognized and accepted as a proper and commendable service to the students. There has been no significant criticism from the local profession. No doubt, some outside physicians resent the competition. But their feelings have not been expressed to any noticeable degree. As a matter of fact, undergraduates present a specialized and difficult collection problem as many a man knows whose office is located near a campus.



Ewing Galloway

Adjusting disputed medical claims that arise under workmen's compensation has long been a knife-inviting job. New Jersey is one of the few states whose county societies have been able to bring harmony out of chaos. Their method is described in this article. Besides being medical director of the New Jersey State Rehabilitation Commission and advisor for fifteen years to the New Jersey State Department of Labor, Dr. Kessler is also an authority of national standing on the subject of workmen's compensation.

# Compensation Soothing Syrup

By HENRY H. KESSLER, M.D.

BEFORE the introduction of workmen's compensation in America in 1911, the treatment of industrial injuries was carried on by private family physicians. The era of industrial medicine had not yet arrived. The man who caught his hand in a machine or sustained a fracture from a fall in a factory was generally sent to his own doctor or to one in whom his employer had confidence.

With the evolution of medical practice and its attendant specialization, the treatment of industrial injuries has fallen into the hands of individuals and groups who have made a specialty of compensation work. This situation has developed from a variety of causes:

In the first place, the employer, who is primarily interested in his compensation costs, insisted on the control of medical service. This he obtained legally by demanding the right to select a physician who was to treat his injured employees.

The other reasons are somewhat more complicated and arose out of a series of factors:

Many were quick to see the financial advantages in compensation work, such as security of cash income, large volume of work, and no necessity for extraordinary qualifications. However, the mass of the administrative work that accompanies compensation practice discouraged a number of physicians from engaging in it.

The necessity for court appearance, plus conferences and disputes with adjusters, insur-

ance companies, employers, and even patients, were also determining factors in sloughing off many eligible practitioners. Furthermore, it was discouraging for well-qualified professional men to find their handiwork ruined by malingering patients and their results subjected to the critical evaluation of apparently less qualified physicians and laymen in official positions.

Eventually, through a process of natural selection, compensation practice became localized in the hands of a minority of the profession. The personalities and experience of these men somehow fitted them particularly for carrying on this work. The compensation physician was looked upon at that time as bordering on the fringe of unethical practice. Many a doctor considered the treatment of compensation cases a shady occupation—almost in the underworld of medical practice.

The passage of time, coupled with the advent of the depression, has forced a reconsideration of previous values. Today, because of improvement in administrative methods and a changing attitude within organized medicine, we find a more wholesome concept of the work.

One of the difficulties which a physician always had to face, and which made him reluctant to undertake the treatment of industrial injuries, lay in the fact that his negotiations, both economic and medical, had to be carried on, for the most part, with a layman, the claim adjuster. These negotiations were frequent-

ly distasteful and still are, since the physician often finds himself in a position of being directed in the treatment of a case by a layman. Fortunately, in a number of progressive insurance companies these prerogatives have been assumed by medical men, replacing laymen. A more wholesome relationship has resulted in consequence.

It is in the matter of payment for services that the physician faces his greatest problem in compensation practice.

He may submit a reasonable bill which is acknowledged by the company and paid immediately. Yet another company haggles with him about his fee and arbitrarily cuts it. Instinctively the physician remembers this last company and pads his bill when next he gets a case from it. The company is ultimately the loser and so is the physician since he bids goodbye to his self-respect.

For the past twelve years in New Jersey an attempt has been made to correct this chaotic condition through the medium of *medical bills committees*, whose purpose it is to arbitrate disputed medical claims. Three counties now have such committees, including Essex County, whose setup I shall explain here.

The Essex committee is composed of three physicians: one representing the state industrial commission; one, the employers' group; and one, the county medical society. The committee is approved by the state commissioner of labor and by the director of the state compensation bureau.

All disputed medical bills are referred to the committee for arbitration, whether they emanate from the industrial commission, insurance companies, employers, or physicians. The committee meets once a month and conducts all its hearings at the Newark Academy of Medicine or at the county medical society

building.

In each case the physician and the employer, or the insurance carriers, are present at the hearings. The physician is informed of his obligations as well as of his privileges under the compensation law. At the same time, the insurance carrier is given an adequate hearing as to the reasonableness of the bill.

Here is a typical case, by way of illustration:

Doctor X submits his bill to the insurance company for the treatment of an infected finger. The bill may be large. When the claim adjuster picks up this bill he perhaps misunderstands the nature of the service rendered. He communicates with his home office and is advised to reduce the bill radically. Formerly, the entire negotiations would be carried on between the doctor and the claim adjuster, with considerable bickering, threats, and counter threats, and with wholly unsatisfactory results.

The physician, on the one hand, may have been dealing with an extensive cellulitis and suppurating tenosynovitis, requiring several operations and many months of dressings and rehabilitating treatment. His bill, we'll say, is a justifiable one. On the other hand, the physician may have exaggerated in his own mind the value of his services and the bill may be truly exorbitant.

At all events, the insurance company submits the bill to the medical bills committee. A hearing is called at which the insurance representative and the physician are present. A thorough discussion of the case, the treatment, and the objections to the bill takes place. Then the bill is adjusted—either reduced or sustained, depending upon the facts submitted.

No standard or fixed fees are approved. A flexible, equitable principle has been followed, namely: that the average fee for this type of service shall be that for a person of the social status



of the injured in his community. The adjudication seems to be satisfactory to both parties since the insurance company is represented on the board by a qualified physician; at the same time, the physician submitting the bill is generally content with the judgment of his colleagues.

Misunderstandings may arise, but they are eliminated by a frank discussion without any attempt at being arbitrary or dictatorial. Many inexperienced claim adjusters have a notion that every practicing physician must conform to the charges generally approved by his company for those physicians who do a large volume of industrial accident work. Conversely, physicians not familiar with the operation of the law and their obligations under the law are assisted in avoiding difficulties by being fully apprised of their privileges and duties.

This latter educational phase has been supplemented by frequent talks by members of the same committee before members of the medical society, explaining the operation of the workmen's compensation law, the duties and privileges of physicians, and the

operation of the medical bills committee.

This committee in Essex County has now been in operation for the past twelve years, and its unique character may be noted by the fact that it has no actual legal standing. While it is appointed essentially by the county medical society and approved by the state commissioner of labor, its decisions have no judicial standing yet. Nevertheless, its effectiveness has been as great as if it were an arm of the court.

Claim adjusters have cooperated in accepting the adjudications of this committee since they have been for the most part equitable and based on years of experience in these matters.

Physicians, by the same token, have also given it their cooperation in abiding by its findings and by adjusting the administrative aspects of their treatment to conform with the requirements of the workmen's compensation law.

In fact, so successful has the arrangement proved itself, that the Medical Society of New Jersey contemplates urging its adoption in every county in the state.

**1.** On the witness stand be sincere and dignified. Avoid any appearance of levity or flippancy. As far as possible use easily understandable words, avoiding technical terms. If the latter are required, explain them fully.

**2.** Do not present any appearance of evasion. Be explicit and positive. If possible, make all your answers categorical. Where you can conscientiously do so, by all means avoid these expressions: "In my opinion," "I think," "Probably so," and "It might be."

## 12 Practical

**3.** If a physician is just out of college, it might be well to attend a few trials. These should be selected with the idea of listening to a number of medical witnesses. Evident lack of experience on the stand can prove to be prejudicial, no matter how honest the intent or how direct the testimony.

**4.** During cross-examination let

"The opposing attorney often will attempt to irritate you."



Ewing Galloway

# Rules For Witnesses

your answers be brief and to the point. Volunteer no extra statements. When you are required to answer *yes* or *no*, let one of these be your reply. Or, if such an answer might prove to be misleading and contain only part of the truth, request the court's permission to explain further.

5. Do not be partisan or show any appearance of bias. On the other hand do not fall over backwards in too conscientious a display so that your evidence is distorted and subject to unfair inferences.

6. It is the duty of the opposing attorney to use all legitimate means to minimize the effects of your testimony and in many instances to discredit you as a witness. Often he will attempt to irritate you. Under such circumstances keep your composure and do not show that you are offended.

7. Do not rely too much on your memory. Before testifying refresh it by studying the views of some standard and recognized writers on the subject in controversy. Recommit to memory the precise definitions of any medical terms with which you may have been only slightly concerned since graduation but which may loom as all-important in the court room.

8. Be certain that you are familiar with the facts in detail on which you are to testify before taking the witness stand. Request the attorney to reduce any hypothetical question to writing, and have a conference with him if possible. Carefully go over the question and answer with him. You may be able to suggest a change in the phase or phrase of

the question or he may change diction or other detail of your answer. All of this may clarify your answer and make it less susceptible to attack.

9. Find out what theory the opposing physician will attempt to maintain; and, if you can do so, exchange views with him in conference beforehand. This does not imply collusion. It will be a mutual attempt to place the medical testimony on a scientific basis and to elevate professional status in that place of pitiless publicity—the witness stand.

10. Sometimes a writer of note may have expressed views contrary to yours. Should you be asked if he is a recognized authority, reply in the affirmative; then cite other recognized authorities to support *your own* theory of the case. It should be pointed out, however, that state laws governing this detail of court practice vary.

11. Before obligating yourself to testify in any case, arrange for a fee to cover your investigation and examination of the case. Have an express and written understanding that unless you are satisfied with the merit of your prospective client's case, you will not be used as an expert witness.

12. In important cases insist that one medical expert, who has studied every medical detail of the case, sit at the trial table with the attorney. Then the latter can be advised on unexpected contingencies that may arise during the trial. Ordinarily, this expert should be used for consultation and advice and should not testify, as any evidence from him, after sitting at the trial table, could be said to be biased.



Ewing Galloway

"What we do not either adequately appreciate or observe in our practice is the relation of the patient to the framework of her everyday life and experience... Indicated even more than a thorough physical examination and routine laboratory investigation is a study of her practices."

## Treat the

THE patient was a young woman, 32 years old, married, no children, working in a responsible capacity with a large industrial concern. Her chief complaint was indigestion, with heartburn. She also suffered from pressure in the head, worse a week before menstruation, and from "nightmares" which aroused her from her sleep and terrorized her and her husband. In appearance she was a well-nourished, wide-eyed, soft-spoken young person, intelligent and eager to get well.

Clinically, her case proved most interesting, the psychologic genetic factor predominating in etiology. But for the present our concern is not with her clinical but rather with her experiential history. For that must serve to illustrate our meaning of "treating the whole patient."

Her experiential history to the point where we take her up amounts to this: The patient had suffered an attack of acute indigestion while returning from her mother's funeral. She was treated by a local doctor who prescribed a sedative, rest in bed, and a liquid diet. On this regimen the patient improved, enough to be able to return to work. But she suffered a residual gastric disturbance, described symptomatically as indigestion and heartburn. The patient visited her physician twice weekly, for nine months. The fee was \$5 a visit. She was treated with peptin-bismuth compounds, with Tr. Belladonna, and with Luminal. When she took medicines, her digestive disturbances were somewhat eased. Her head pressure, however, was unrelieved; and her "nightmares" recurred with unabated frequency, severity, and terror.

After nine months the patient refused to return to her physi-

# Whole Patient

IAGO GALDSTON, M.D.

cian, feeling, as she said, that he *couldn't* help her. Of course the patient was not entirely correct in this conclusion. Her doctor probably could have helped had he tried. But he didn't; and the patient was lost to him for all time.

•

Suppose, as that doctor stood in the lecture hall foyer of his county society, smoking while the lecturer was holding forth; suppose as he wrinkled his forehead, uttering prophetic groans as to what is bound to happen to medicine in the next decade; suppose, as he stood lamenting about business, fees, collections, clinics, quacks, and whatnot, someone were to tap him on the shoulder and say, "Ah, yes, this complaint of yours may be well warranted. But tell me, are you making the most of your opportunities? Are you treating the whole patient, or just his symptoms?" What do you fancy would be his reply?

Well, that depends on the mettle of the man. Probably, if he were the average doctor, he'd protest that "of course I do." Then, if he were pressed, he'd shift base and cite "the difficulties." And, finally, he'd either acknowledge there was something to the question, or else he'd mutter something about the damned psychoanalysts (which of course has nothing to do with the matter) and move on to the next group of worrying doctors.

But let us not be too hasty in our censure. For treating the whole patient is an ideal in medicine to which little more than sparse lip service is rendered. Some few professors in our medical schools address themselves to the subject. A seasoned practitioner, in some address or other may draw upon his years of experience to point its merits. But

beyond that, it is little preached, less taught, and least practiced. The student, taught by his specialty instructors is serially indoctrinated in the "ics" and the "ologys." If he is a good student, he comes forth with an uncommon skill in fitting the symptoms of the patient into that mosaic which distinguishes one disease from the other. His diagnoses will be good (by those standards), his treatments will be as prescribed by the authorities, but—he will lose patients to pay clinics, to patent medicine vendors, to quacks, and to some few doctors who really *treat* the whole patient.

Yet it is not alone by school and hospital training that our hypothetical practitioner is handicapped. The way he is "geared up," his office arrangement, his visiting hours, the basis of his fee collections, his business attitude, his so-called ethics, all serve to keep him in the routine of symptom-salver—emergency man. With office hours from 8 to 10, or 2 to 4, and eight patients to see, there can be no more than fifteen minutes to the patient. Deduct five minutes more for preliminaries and partings, and ten effective minutes remain. Not much "treating the whole patient" can be accomplished therein. Nor indeed is it feasible to give up much more time to a patient when there are others waiting to be seen. But then, there are other hours of the day.

Jones has come in complaining of indigestion. (Respiratory and digestive disturbances constitute about 70% of the so-called minor ailments for which medical help is sought.) Take a brief history, make your examination, venture a presumptive diagnosis, prescribe treatment, pocket your fee, and then as Jones is about to leave, suggest that he better



48  
CAPSULES  
each  
3 1/4  
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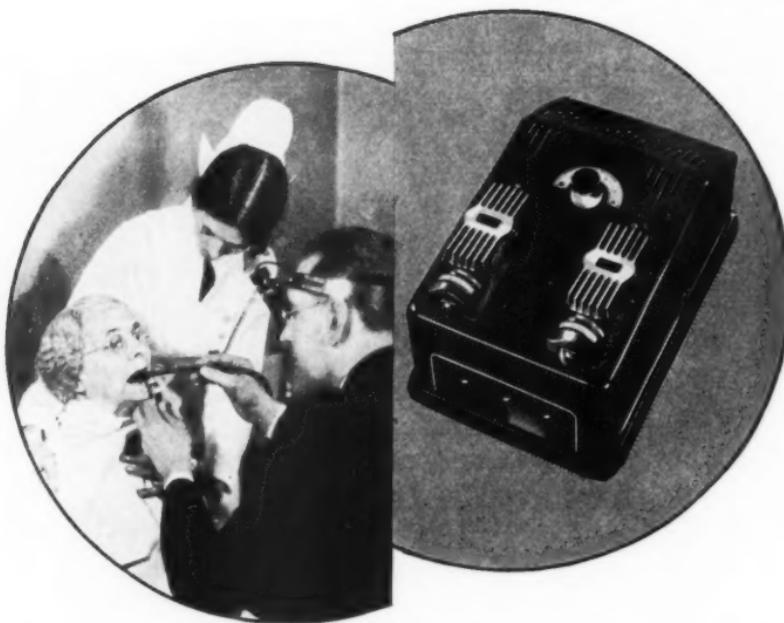
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**There are those who have wholeheartedly adopted electro-extirpation of tonsils, employing it in all possible cases;**

**... those who look upon the modality with reservation, applying it occasionally;**

**... those unwilling to accept the procedure, preferring adherence to older methods.**

*To all of these we have an important message:*

**• SEE THE MICROMETER-CONTROLLED G-E MODEL "A" MICROSURGICAL UNIT IN ACTION! YOU WILL IMMEDIATELY APPRECIATE, REGARDLESS OF THE METHOD YOU NOW EMPLOY, THAT HERE IS A MEANS OF DOING A BETTER JOB.**

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come back to see you, say, tomorrow at nine in the evening or Saturday afternoon when you will be able to spare him an hour. Explain the reason for this suggested return visit. Explain that it is one task to prescribe for an attack of indigestion, but still another to get at the root of its causes, and to prevent its recurrence. *Prevention*, tell him, necessitates time, leisurely examination, and investigation.

Have no fear that Jones will misunderstand your motives or suspect that you are after the fee. The psychologic presumptions are in your favor. Every individual likes to be an "interesting case," we all blossom under attention. And attention is what you are offering—as well, of course, as economy—for it is less costly to be kept well than to be cured when ill.

That's a subject too large to more than sketch here. The interrelation of one set of symptoms or of chemical findings referable to disease in one portion of the human constitution with pathology existing elsewhere in the body is fairly well and fairly widely appreciated. The alert clinician knows of the neuritis of alcoholism, and of the double sciatica of diabetes. Undue fatigue, cough, and fever, will prompt him to search for tuberculosis. The bold and restricted treatment of symptoms will be the lesser of his failings.

But what we do not either adequately appreciate or practice is the relation of the patient to the framework of his or her everyday life and experience. Hence, when someone does come at nine in the evening or on Saturday afternoon, what is indicated even more than a more thorough physical examination and routine laboratory investigation is a study of his or her practices:

What does Jones eat? Is it adequate from the viewpoint of calories, vitamins, salts? How does he eat? What of sleep, and of rest? What kind of recreation

does he favor? How much and what kind of stimulants does he use? And, is he happy? Inquire into his sexual habits and experiences; into his relation to his job, to his co-workers, to his friends. You will thus learn much of profit both to you and to him.

To do all this, one need not be a psychiatrist. Time, common sense, and a genuine interest in the patient are the sole essentials.

For such services a fee is to be charged. How much, depends upon the financial capacity of the patient and upon the factors of fittingness which the doctor, facing the instance, can best judge. It is wise to make the fee as modest as possible. In time the patient will learn the full value of the services and will be happy to pay for them.

And now, a word about the obverse side of the picture. If the patient gets "a lick and a prescription," why should he not turn from the physician to the patent remedy? The patient knows even better than the physician that he has indigestion. Why, then, if all he needs is a little medicine, shouldn't he get it over the drug counter for a quarter the cost? Or, again, if he is really concerned over his condition, he may go to the pay clinic—where they have *full time* men, and there they will *study* his case. And, still further, if these fail him, there is the sympathetic, reassuring, *really interested* quack.

No doubt a vast improvement could be made in the daily practice of the average practitioner, an improvement that would profit both the patient and the doctor—by the practice of treating the patient as a whole. To achieve this, the physician must first understand precisely what treating the patient as a whole means. He must have an almost crusading conviction as to its worthwhileness. He must have the courage, diligence and devotion to put it into practice. And he must be willing to rearrange his routine to make such practice possible.

★

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pate. It often induces intestinal peristalsis. Many years of highly satisfactory clinical results have served to classify Ovoferin as the "ideal hematinic."

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# Investors' Clinic

By FRANK H. McCONNELL

STRONG forces are now vying for control of the stock market. On the side of pessimism are the Presidential election, renewed clamor for war, and dread of new taxes. On the side of optimism are the facts that orders are continuing to stream in to business houses, that more people have money in their purses than a year ago; and that they are buying again.

Like baseball players with their rabbit's-foot superstitions, investors enjoy their cherished myths. One of these myths is that a Presidential election year is bad for business and worse for the stock market. This is not

true except in rare cases when the platform of one of the two major political parties contains planks that menace the welfare of business. The year 1936 will not provide such a threat. The extreme radical will not control the ballot box for the very good reason that business is improving and the average voter never likes to tamper with the machinery when it is performing well. Americans are sufficiently conservative that they do not turn to patent medicines when they find that an accepted treatment, or Nature itself, is already effecting a cure.

War rumors are harder to

Ewing Galloway



MAKE WAY! Here come the trolley-car conquerors.

diagnose; but international bankers, the nerve center of world trade, receive fairly assuring word from Europe. Their correspondents, who keep ears close to the subterranean channels of European diplomacy, sum the Rhineland episode in this way: German troops are now stationed in the heretofore demilitarized zone and they won't leave except by force; and the former Allies are not going to apply force. The bankers, of course, may be wrong; but one thing does seem reasonably certain: If war breaks out on the Continent, it will not take place for a year or two. That amount of time will be needed to complete preparations.

The question of taxes is one that strikes home among all of us. Right now corporations are fretting about increased levies on undistributed income, *i.e.* the profits they earn but do not actually pay out in dividends to shareholders. If the tax load becomes too heavy, business suffers. But there is nothing yet to show that the camel's back is in danger of being broken. A higher per-capita tax has long been borne in England than in the United States, yet England is now enjoying a greater boom than it did in 1929.

Meanwhile business moves ahead. Railroad traffic is heavier, steel production is larger, retail store sales are higher, orders for automobiles are increasing, and the building industry is entering its most promising year in nearly a decade.

The stock market may have a severe sinking spell, but it will likely come bobbing up again like a cork released under water. People with large sums of money to invest, and an increasing number of wealth-padded institutions, find that they can gain but scant return on their investments in high grade bonds. They are likely to buy shares of leading companies in improving industries when prices of stocks decline.

#### Lagging Industries

For more than a year prices of stocks have advanced. Shares in some industries have gone up rapidly. Other lines have been slower to start their march toward recovery.

Shares in the following industries have advanced a long way because business in these lines in 1935 was as much as two to six times better than in 1934: agricultural implements, such as farm tractors, harvesters, ploughs, and binders; automo-

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Entire outfit of three chest pieces and binaural unit, in suede pouch, \$4.75. Individual unit costs: binaural unit \$2.00; metal chest piece \$1.25; Ford-type bell chest piece \$0.75; Bakelite chest piece (with or without bracelet) \$0.75; suede cloth pouch \$0.50.  
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biles; heating and plumbing equipment; machinery; copper, zinc and lead mining; silk goods, such as hosiery; and various textile lines such as the manufacture of cotton and woolen goods.

Shares that have benefited less because of less marked industrial improvement include those in the following lines: motion pictures; building materials; chemicals; electrical equipment; household goods, such as furniture; meat packing; oil; rubber goods; and sugar. It is quite probable that some of the industries which scored relatively less progress in 1935 will make great gains in 1936. Particularly does this seem likely in the case of building materials, chemicals, electrical goods, household goods, and oils.

Prudence would seem to dictate selling shares in which substantial profits have accrued (e.g., silk, cotton, woolen textile, and mining stocks) with the idea of investing them in industries which have not yet progressed so far.

#### Farm Buying Better

For every dollar of profit they made in 1934, the large farm-machinery and equipment companies in 1935 made five dollars.

When the Agricultural Adjustment Act was nullified by the United States Supreme Court, many people thought that the farmers' income would suffer; that the farmer would have to get along without government help. On the contrary, the government is determined to help; and, still more important, Nature is helping too. The nation's supply of wheat, corn, hogs, cattle, any many other farm products is lower than it has been in sev-

eral years; and demand for these important commodities is increasing. Consequently, farm prices and farm profits will be substantial again during 1936.

This indicates, in turn, that manufacturing and retailing companies which sell to the farm communities should do well. Farm equipment companies and the large mail-order houses are preparing for good business. Their executives are cheerful. "Not only do the farmers want to buy more," they report, "but they are able to pay. Collections are better."

#### A Rising Industry

Unlike women's fashions, which may make or break a manufacturer between spring and summer as he tries to keep pace with feminine styles, the transportation industry changes slowly. But it does change.

In the 1870's a great stride was taken when horses were hitched to cars on rails. In good weather or bad a horse could pull a car laden with passengers; while ordinary buggies, denied the use of the rails, found the going rough and could carry, at best, only a few persons.

At the turn of the century came another improvement: the trolley car. But even the trolley, it now appears, is going the way of the horse car. In the past year automobile buses have replaced noisy, cumbersome trolleys by the thousands. They are faster, more flexible, and less costly to operate.

Detroit, the home of the automobile industry, can probably boast the greatest progress. The city is now experimenting with relatively light-weight motor

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Because Dicalcium Phosphate Compound with Viosterol Squibb supplies not only calcium but phosphorus and Vitamin D, its acceptance by the medical profession has been rapid and its use has become widespread. The three elements in Dicalcium Phosphate Com-

ound with Viosterol Squibb are combined in a ratio that assures proper utilization and absorption. It is supplied in both tablet and capsule form.

Tablets Dicalcium Phosphate Compound with Viosterol Squibb are agreeably flavored and pleasant to take. Each tablet is the equivalent of 2.6 gr. calcium, 1.6 gr. phosphorus and 660 units of Vitamin D, U. S. P. XI. Supplied in boxes of 51.

The capsules are useful during pregnancy when nausea tends to restrict normal food intake. Two capsules are equivalent to one tablet in calcium, phosphorus and Vitamin D. Available in bottles of 100.

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MANUFACTURING CHEMISTS TO THE MEDICAL PROFESSION SINCE 1858.

**TABLETS  
CAPSULES**

## **Dicalcium Phosphate Compound with Viosterol Squibb**

buses having a remarkably quick pick-up. They are proving highly satisfactory. In New York, a new company, built on the wrecked finances of the out-moded Third Avenue Railway Line, is doing a thriving business with its new motor bus service. During the first two months of 1936 the new buses carried 50% more passengers than the street cars over similar lines hauled in the same two months of 1935.

To street railway companies that have enough money to buy modernized transportation equipment, this trend is as welcome as an oasis in the desert. But the benefits to industry go much further. Automobile companies report that last year they manufactured more motor buses than ever before for any year, including 1929. The automobile body building companies, too, have derived their share of this new business. Similarly, a new fillip has been given to the companies manufacturing lacquers and paints, leather, rubber, and other materials used in the construction of motor buses.

#### Safety in Bonds

Men whose job it is to invest the vast sums entrusted to insurance companies, savings banks,

and other financial institutions are not resting too well these nights. They are vexed by a problem that is growing more difficult: where to place the funds they control so that they will draw an adequate interest return. Their investments must be made primarily in bonds, and bonds now are selling at close to all-time high prices.

Institutional investors are hoping that bond prices will go lower, but so great is the amount of money available for buying bonds that any declines are short-lived. And when these investors go into the market to buy offerings of new bond issues, they find that these, too, are high priced. The companies selling the bonds know that they will have little trouble obtaining good prices for them, so they boost their selling quotations accordingly.

As a result of this unusual condition, men who own strong bonds have little to fear by way of a major downward price movement. Even though the stock market is attracting increasing interest, it is sound policy at this particular time to retain a major portion of one's funds in government and high-grade corporate bonds.

---

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*...Pick up the easy-to-read*

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**A**MAGNIFYING GLASS would be a great help sometimes in using a clinical thermometer whose figures and lines play tricks with eyes.

But you'll never need any help to read the Taylor-Tyco Clinical. One of the requirements before these thermometers leave the factory is that they be unusually easy to read. And they are.

Easy-reading and easy-shaking—these are the qualities you can depend on finding in every Taylor-Tyco Clinical. It takes more than just a glass tube and a drop of mercury to assure them. Proper treatment and preparation of these materials are necessary for durability and accuracy. And then a skill and craftsmanship in manufacture that is possible only after years of experience in maintaining the highest standards of production.

In addition to the widely used Taylor-Tyco, there is the accurate but less expensive Taylor Estee, put up in a special Professional Set of 6 thermometers. All carry a Taylor Guarantee against everything but breakage. Your surgical supply dealer has all types for you. Taylor Instrument Companies, Rochester, N. Y., or Toronto, Canada.

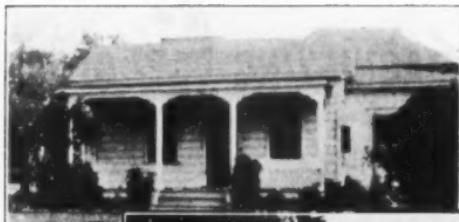


**EASY . . . . . to read . . . . . to shake**

**Taylor** CLINICAL THERMOMETERS

# A Better

By F. H. COLMAN



Patients are astounded—and well they may be—at the Baker transformation, shown here before and after.

A DEEP furrow creased the brow of Dr. Willis P. Baker every time he tackled the ubiquitous rent problem. Nimble, it evaded his efforts to strike a balance between income and outgo. No matter how desperately he wrestled the enigma, the splotch of red on his ledger persisted.

Things had looked so different during those deceptively prosperous days of 1929. At that time he had bought a well-located piece of property on the fringe of Santa Ana's residential section. In his mind, he had envisioned the ideal office—*his* ideal office—rising, stone by stone, upon it.

A forlorn little four-room house now occupied his coveted corner. Hardly the stuff of which dreams are made! And it was renting for only enough to pay half the taxes.

... But wait! Why couldn't he

. . . ? Yes . . . the house could be remodeled. And, by heaven, he'd do it!

This time the doctor had hit upon a real idea—the solution he had so long sought.

Within a few weeks, the startling metamorphosis was under way.

On the house was an inviting veranda, but Dr. Baker was serving no outdoor tea. Off it came, and in its place sprouted four low brick steps, broadly terraced, so that they could be negotiated with a minimum of effort by patients.

Next, the matter of getting adequate light inside. Old, small windows grew massive by comparison; new ones were cut. Cathedral glass, slightly opaque and tinted, now filters dazzling sunlight into a roseate glow.

Inside, softwood floors gave

# Office Cut His Rent 65%

way to new oak flooring, enriched by a dark brown stain. Partitions were soundproofed with a layer of celotex, camouflaged with a coating of interior stucco. Oyster white walls now present an immaculate appearance without the glare of pure white.

Too wide a variation from the original floor plans was scrupulously avoided. After all, the project was a stepchild of economic pressure; and the fewer changes made, the less costly would be the operation.

A long, narrow, 14'x30' living room, with a southern exposure, became two rooms in the new plan. One half blossomed into a reception room, the other half, into a consultation room, with a dressing room adjoining. Simplicity and utility joined to form the keynote for appointments.

Around the walls of the consultation room are shelves on which repose Dr. Baker's medical books. The only articles of furniture are a revolving bookcase, desk, and chairs. Crewel-work curtains set off the windows, and a soft-toned rug covers the working portion of the floor.

Behind the consultation room, a 12'x12' box bedroom was transformed into an examination room, with a former clothes closet now doing yeoman duty as a dressing booth. A white porcelain sink and a recessed work table in amber tile, with supply shelves built in above, round out the fixtures. A note of color is borrowed from the green and gold linoleum.

Next to the examination room there used to be a dining room. This was revamped for surgery. The homey effect, remnant of its former status, adds to rather than detracts from the adapted chamber. An old-fashioned bay window admits plenty of light, and the deceitful cupboard doors

open to reveal a series of shallow, numbered drawers containing surgical supplies.

Even the kitchen has been turned inside out. In place of pots and pans, it now houses a well-equipped laboratory. A door from the laboratory gives access into an x-ray dark room.

Across the hall, a new wing of the structure adds twin rooms. They're used for physiotherapy and x-ray work. Both are 8'x10', and each has its own dressing room. Walls here desert the oyster hue of the rest of the building for green; and the same green and gold linoleum covers the floors.

A two-car garage, connected with the house by an ivy-covered passageway, was not overlooked in the remodeling program. It has been made to yield two rooms. One is for colonic irrigations and basic metabolism tests; it may even be pressed into service to provide seclusion for post-operative patients. The second room is a combination storehouse and workshop. Economies are effected through the storage space available, as surgical and medical supplies may be purchased in fairly large quantities.

Dr. Baker's hobby is woodwork, and in the workshop he pursues



How a bright idea transformed a ramshackle old house, intended for the wreckers, into an ideal physician's office. And how its owner, Dr. Willis P. Baker, of Santa Ana, California, now saves more than half his former office rent into the bargain. No, this isn't a Ripley yarn. See for yourself by reading it—go ahead!

**Modern . . . Sanitary . . . Attractive**

*that's what a doctor's office should be!*



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it unmolested. Yet this hobby is not pure avocation. It has a practical side to it which is in evidence throughout the office. For instance, each room has a small blackboard on which the doctor illustrates problems for patients. Small shelves equipped with note paper and pencil cling to the walls of each room so that notes can be made at the moment a relevant fact is revealed. A rubber stamp supplies the date the note was made.

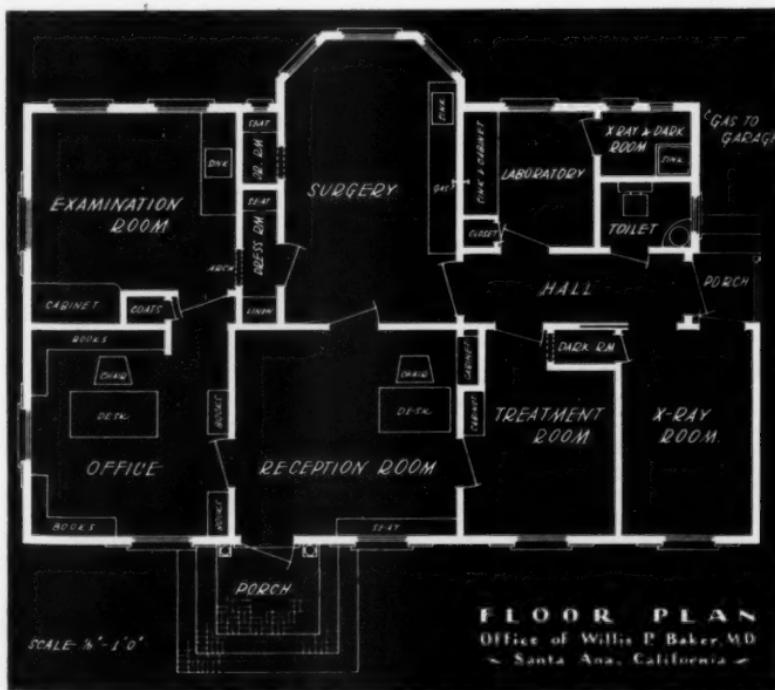
In the hallway, a series of recessed supply shelves also attest to the practicality of the hobby. A unique feature of these hallway shelves is the wooden guard rail on each, designed to thwart the shaking of California earthquakes.

One of the most striking innovations in the new office is a combination mail and medicine receptacle built into the wall beside the front door. The upper por-

tion is a conventional mail box, fitted with a slot; the lower half has a larger opening, accessible from the outside by a small door, which allows medicine to be picked up and specimens to be left by patients after office hours. This receptacle is visible from the reception room, and anything deposited in its black-walled interior can be seen immediately by the nurse through a glass panel.

Eye-appeal was in the vanguard of considerations when the exterior of the office was planned. Green shutters contrast gaily with the pure white of the façade. A brick walk, edged with clipped hedge, leads up to the entrance. And at one end of the house a formal garden, dotted with vine-covered trellises, provides a cheerful outdoor waiting room for patients. The garden is also in evidence inside, as cut

[Turn the page]



flowers brighten every room.

An entrance at the rear permits ambulance patients to be driven right up to the door of the building, thereby minimizing the annoyance of a removal on a stretcher.

Now that we have Dr. Baker installed in his inviting ten-room office building, you may be interested to know how he did the remodeling work and, more important, how much it cost him.

As a starter, he drew his own plans; for he knew more about his needs in the way of office accommodations than anyone else. With the aid of a builder, interior decorator, and nurseryman with a flair for landscaping, the work was completed at a total cost of approximately \$4,000.

This cost includes plumbing, landscaping, heating equipment, a sprinkler system, and electrification (indirect lighting is used throughout). Because of its location in California, the heating installation was more economical than might be adequate in other parts of the country. It consists of individual radiant gas heaters built into the walls and vented to the roof.

The rent bogey no longer leers over Dr. Baker's shoulder when

he looks at his books. Two new figures have taken its place: interest at 6% on a \$4,000 loan, and taxes on the property. The doctor doesn't know which he enjoys most, his new office building or the 65 per cent reduction in rent which it represents.

## If You're Held Up

THESE MEN WERE, AND  
HERE'S WHAT THEY DID

"THIS is a stick-up. Raise your hands!"

Sounds like a snatch of dialogue picked at random from a pulp magazine. But it isn't. Two Chicago physicians—the victims—will sadly attest to its truth. At different times both heard the phrase hissed from behind as something small and round was pressed into their backs.

Dr. R. L. Abraham was the first. A colleague telephoned him one night and asked if he would answer an emergency summons which had caught him unprepared. Dr. Abraham agreed and started out. As he approached the address, a young man rushed from the vestibule, apparently in great excitement. Surely this in-

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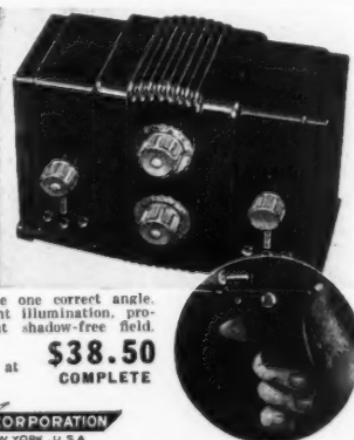
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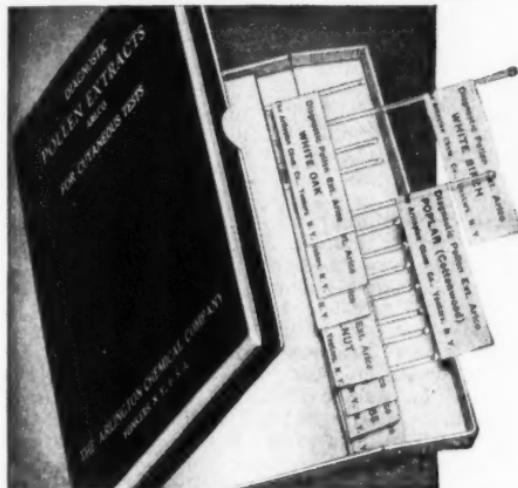
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# HAY FEVER



This set of pollen diagnostic extracts supplies all the major causative pollen factors in your botanical area, irrespective of the number of extracts required. The pollinating period of the selection corresponds with your patient's duration of attack.

Please be sure to give the dates of onset and termination of patient's attack. This information enables us to make up specific test sets for each individual patient. Fill in the attached coupon and mail to us with \$1.00

### *Suggestions as to treatment*

A combination direction circular and simplified chart for recording results of tests is included with each set. If you will send the results of your tests to us, we shall willingly offer our suggestions concerning the management and desensitization of your case. Individual attention given each case. Pollen extracts

**THE ARLINGTON CHEMICAL CO.  
YONKERS, N. Y.**

### Pollen Diagnostic Outfit

*for any locality  
in North America*

\$1

(Arlco) of weeds, grasses, trees and flowers are now ready for the diagnosis and desensitization of Hay Fever sufferers.

Inquiries are invited relative to our new 80 and 112 diagnostic protein sets. Prices \$25.00 and \$35.00 respectively. Lists of pollens and proteins *upon request*. A new 30 page monograph, "The Principles Of Allergy," is now ready for distribution to interested physicians. Write for your copy! Correspondence is invited on any allergic problems.

*Mail this coupon with \$1.00 for pollen diagnostic set!*

**THE ARLINGTON CHEMICAL CO.,  
YONKERS, N. Y., Biological Dept.**

Enclosed find \$1.00 for a complete set of pollen diagnostics for testing Hay Fever case.

*Date of onset of attack is \_\_\_\_\_*

*Date of termination of attack is \_\_\_\_\_*

*Signed \_\_\_\_\_ M.D.*

*Address \_\_\_\_\_*

*City \_\_\_\_\_ State \_\_\_\_\_*

cident did not call for suspicion, and Dr. Abraham felt no alarm when he was told that they would have to enter the building through a rear door. The young man led the doctor down a dark, narrow alley. After a few steps, he heard the muffled voice of a confederate and felt the prodding of the gun.

He was relieved of \$50, and the footpads then searched his bag. Upon learning that he never carried a gun, they warned him ominously to "drive like hell, and if you tell the cops we'll come back and kill you." Dr. Abraham followed the first part of the warning to the letter. He did "drive like hell" but only until he came to the nearest police station. If the hold-up men are returning to wipe him out, Dr. Abraham thinks they must be coming back by way of China.

Under almost similar conditions, Dr. Bernard Kolter was robbed of \$20 a short time later. The details of this hold-up dovetailed with the tactics employed on Dr. Abraham, even to the warning and its accompanying threat. Dr. Kolter, too, drove straight to a police station, and the fact that he has been living on "borrowed time" since the incident doesn't seem to worry him very much.

Something more sinister than a warning, however, rode with Dr. Silver C. Peacock, of Chicago, in answer to a strange night summons.

The telephone buzzed in to Dr. Peacock's apartment at the Edgewater Beach Hotel about 10 o'clock at night. The caller identified himself meagerly as G. Small, while frantically urging the doctor's immediate help for his child. No thought but one of urgency entered the doctor's mind as he prepared to answer the call. He was widely known as a pediatrician, and night-time emergencies were the usual rather than the unique in his practice. Because of this, Dr. Peacock had been victimized by hold-up men once before, and since then had carried a pistol in a specially-built pocket in the door of his car.

There was another passenger in the car as Dr. Peacock rode out on that call. It was the grim presence of tragedy. He was never seen alive after he left his house. Twenty-one hours later the car was discovered a short distance from the address designated by the caller. Slumped on the floor in the rear, police found Dr. Peacock's body. His head was bored twice by bullets, and marks

### *a wide-opening* **B-D PHYSICIAN'S BAG \$11.95**

A full size, 16-inch bag, that opens full length and full width, providing easy access to interior. It has a pocket for blood pressure instrument, instrument loops, bottle straps and inside pocket. Made and shaped by hand of top-grain handboarded black cowhide. Handles are specially shaped to fit the hand for easy carrying. Interlined with real leather. The fittings and lock are chromium-plated. It is a thoroughbred in every respect—and will give many, many years of service.

**B-D Bag No. 3533, price \$11.95**

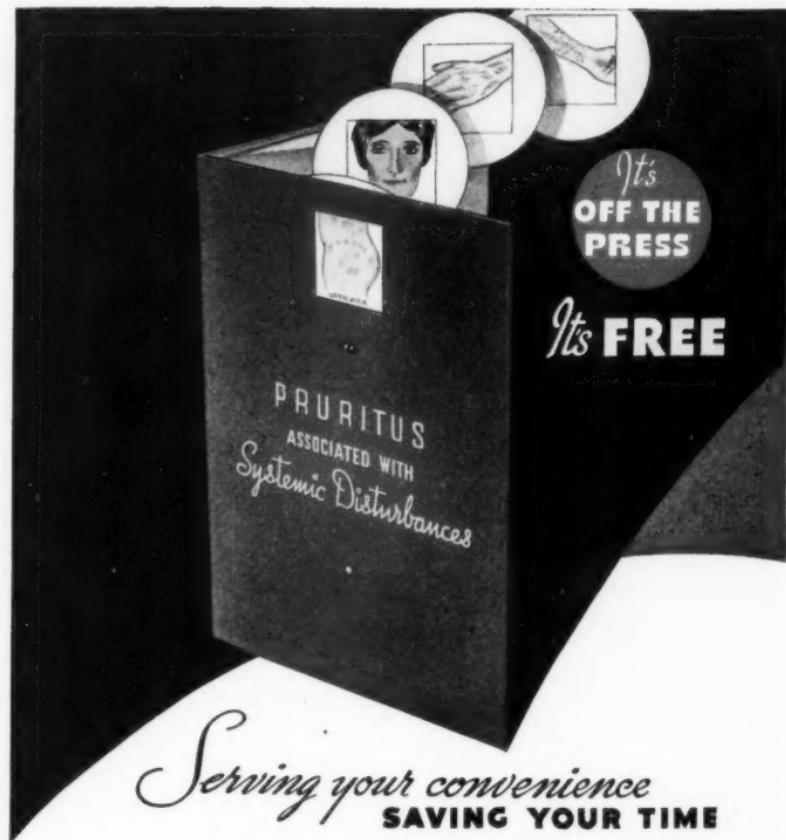
Price slightly higher west of the Rocky Mountains.

**B-D PRODUCTS**

*Made for the Profession*

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The second booklet in the "Pruritic Skin Affections" series is now available for mailing. Accurate . . . authoritative . . . concise . . . this booklet deals with certain pruritic affections associated with Systemic Disturbances. It makes a fitting companion for its predecessor which considered the commoner type of skin affections accompanied by pruritus. • Be sure to get your copy. It is absolutely free.

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LIQUID and OINTMENT

A Dependable Treatment for  
Pruritus Poison Ivy Eczema  
Athlete's Foot Chicken Pox Itch  
Simple Acne Varicose Ulcer  
Jigger and Mosquito Bites

THOS. LEEMING & CO., Inc., 101 West 31st St., NEW YORK

ME 4-36

Lomar Engraving Co. photo



BERT E. LOEHR, M.D.—Just one hole in the cylinder of his assailant's gun was empty, and the hammer hit that hole.

denoting a fierce beating both before and after death disfigured his face.

In reconstructing the crime, only circumstantial evidence is at hand. But it points insistently to one shocking fact. Dr. Peacock, according to every available clue, was beaten and shot to death by the gun which he carried for his own protection!

His gun was missing, and up-  
permost in the mind of police is the fact that the bullets taken from Dr. Peacock's body were 45-calibre cartridges, the bore of his own pistol. Chief Sullivan, of the Chicago Police, emphasized his

belief to MEDICAL ECONOMICS that Dr. Peacock was slain while resisting an attempted hold-up and lost his weapon in the struggle.

Contrasted with that grisly crime is the experience of Dr. Bert E. Loehr of San Jose, California. This one has the happy ending so dear to the hearts of cinema devotees. It practically reverses the design of the Peacock tragedy.

The drama started while Dr. Loehr was attending a meeting of the Santa Clara Medical Association. The meeting was interrupted to announce an emergency call. Dr. Loehr was sum-



## *in* LEUCORRHEA

Physicians who have prescribed Neo-Sucritia, consider it a marked therapeutic advance in treating leucorrhea thru the medium of a douche. Affects a copper film about cervix, coagulating discharge, checking its odor and viscosity.

Available: 8 and 16 oz. bottles on prescription

G. M. CAMPBELL PROD. CORP. 208-M W. 29th St., New York

**WRITE FOR CLINICAL SAMPLE & LITERATURE**

## OPTIMAL HEMOGLOBIN REGENERATION MINIMAL DOSAGE

The effectiveness of Feosol Tablets in small doses is rapidly making it the iron therapy of choice.

Davis states:—

"... we have obtained the same sort of satisfactory hemoglobin regeneration from the daily administration of 12 grains (0.8 Gm.) of a ferrous sulphate preparation (pills Feosol—one q.i.d.) as we had previously seen from 100 grains (6 Gm.) or more daily of ferric ammonium citrate (1 ounce daily of a 25% aqueous solution)." (Med. Clin. of N. Amer., July, 1935.)

## Feosol Tablets

Each tablet contains 3 grains ferrous sulphate exci-  
cated, U. S. P. X, with a special vehicle and coating.

### NO GASTRIC UPSET—NO BLACKENED TEETH

Less than \$1.00 per month  
on prescription

SMITH, KLINE & FRENCH LABORATORIES, PHILADELPHIA, PA.

### IN RHEUMATOID CONDITIONS GENERALLY

In addition to its therapeutic value in Arthritis, OXO-ATE "B" has a wide field of usefulness as a palliative in "lumbago", "rheumatism", etc.

### Oxo-ate "B"

(Calcium Ortho-Iodoxybenzoate)

### IN CONVALESCENCE

Eskay's Neuro Phosphates is an ideal tonic and reconstructive. Its pleasant taste ensures the patient's co-operation.

### Eskay's Neuro Phosphates



1841

moned to attend a dying woman.

The address brought Dr. Loehr into an ill-lighted neighborhood, and as he strained his eyes to identify the house with the aid of a flashlight, a man approached him. He told the doctor that he had made a mistake because of his panic and that his wife was dying a short distance away, from a bullet wound which he had inflicted. Dr. Loehr invited the man to drive to the new address in his car.

When they were abreast of the house, well marked by a bright light on the porch, the doctor asked if this were the correct address. His question was clipped short. A revolver was thrust into his ribs by the passenger. He was ordered to drive ahead.

As nearly as a person can do two things at once, Dr. Loehr swerved the car toward a lawn and grabbed for the pistol. Immediately he heard a metallic click—the stranger had pulled the trigger on an empty chamber.

Up over the curb onto the lawn the car jolted crazily. Finally it stopped from lack of acceleration. By this time, Dr. Loehr had wrested the gun from his assailant. He ordered the man from his car; and, as the doctor emerged, the would-be murderer fell to his knees and cringed.

A call for help brought the owner of the house to the scene, and in the excitement, the attacker got away. Dr. Loehr fired three shots after him, but there is no testimony as to his marksmanship, for the man disappeared into the darkness.

During the plea for his life, the man called Dr. Loehr by his given name. The physician was

certain that he had seen him before, but could give no definite clue as to his identity. Nor could any motive be furnished for the unsuccessful attack.

All these threats to wreak physical harm on the persons of physicians were reported before the year 1936 was two months old. Although such hold-ups are not daily occurrences, the medical man may well ask what precautionary measures he can take.

Unfortunately, there seems to be little he can do to protect himself when he walks into a trap. The value of carrying a gun is pretty well dissipated by the facts shown in the foregoing experiences. Police officials interviewed take the view that possession of a gun is a disadvantage in a hold-up when the victim is unfamiliar with the weapon. This is practically inviting murder or injury, they declare. They also point to the added danger of discrediting oneself through display of a gun under unusual but entirely innocent circumstances.

In cities and towns there is one sure prescription to avoid danger in the night call, according to police. When there is doubt about a strange night summons the doctor is advised to call the police station in the neighborhood from which the call originated. A patrolman or radio car will be dispatched to investigate.

In this way, any doubts will be removed before you arrive on the scene. And if there are dangers, you will be doing your community as well as yourself a favor.

*A defensive treatment against  
STAPHYLOCOCCIC INFECTION*

G. S. STODDARD & CO., Inc.  
121 East 24th Street, New York

ACNE—FURUNCULOSIS

*Sample and Literature on Request*

**TABLET STANNO YEAST**  
(STODDARD)



## SHREDDED WHEAT IN THE DIET SHAPES UP LIKE THIS

**1** It's 100% whole wheat—affording one of Nature's finest balances of protein, fat and carbohydrates—over 80% of its caloric value quickly-assimilable energy.

### HERE'S A BREAKDOWN OF WHOLE WHEAT:

Carbohydrates . . .	70%	Mineral Salts . . . . .	2%
Fiber . . . . .	2%	Protein . . . . .	12%
Fat . . . . .	2%	Water . . . . .	12%

**2** Its crispness, its flavor, aid normal salivation, stimulate normal gastric secretion.

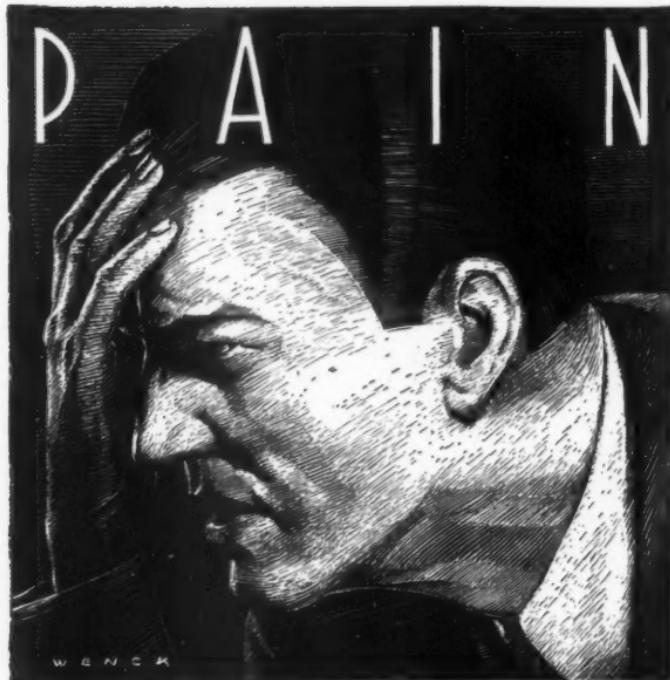
**3** The natural bran left in also promotes intestinal motility, thus, too, absorption of mineral and vitamin values.

**AND** it's mighty good eating—with milk or fruit or both—so recommendation of it brings appreciation! Why not have it for breakfast yourself, and check first-hand?



# SHREDDED WHEAT

A Product of NATIONAL BISCUIT COMPANY



## HEADACHE IS DISABLING

Headache may be as disabling as a grave illness. Migraine surely is. It is noteworthy how quickly the patient can obtain relief with Peralga. This non-narcotic analgesic and sedative combination of amidopyrine and barbital relieves pain quickly, yet does not cause drowsiness when the patient must remain at work. That is why Peralga is extensively prescribed in recurrent painful conditions, such as migraine and dysmenorrhea. Supplied in tablets and powder. Trial quantity sent on request.

# PERALGA

SCHERING & GLATZ, INC.  
113 W. 18th St., New York City



# I Learned About Patients From Them

AS TOLD TO M. A. de FORD

I HAVE been practicing medicine for 34 years. In that length of time a man either learns a lot about people or he is a fool. As I object to thinking of myself as a fool, I am convinced that by now I know a good deal about human beings in their peculiar manifestation as patients. So much so, that in my own mind I can classify most of them according to the more usual types I have experienced.

There is, for instance, the suspicious patient. Old Eben Wright, the first person who ever walked into my office when I was a fledgling just pushed out of the nest, proved himself to be one of this sort. Perhaps my extreme youth made him act that way, but I have met plenty more like him since then. To begin with, he didn't want to tell me anything. It was my business, he felt, to tell *him*. He reminded me of the little boy who came home from his first day in school and said the teacher didn't know anything; all she did was ask questions. Every time I did gouge a little information out of Eben, he was ready with a quick comeback: "What does that mean? How do you know it? Are you sure it isn't something else?" I am positive he never let the druggist fill any of my prescriptions without finding out first what was in them, and probably looking up

the ingredients in a dictionary to be sure I wasn't poisoning him.

The best way, I found, to deal with people of this kind is to meet them half way. The more suspicious they are, the more frank and open you must be. Explain why you ask every question, tell them what to expect, put your whole relation on a basis of cooperation. You will save a lot of time that way, and take the congenital chip off the shoulders of most of them.

Then there is the shopper. Mrs. Galt was a good example. Usually, though not always, this type is hypochondriacal. She was. She had had about a dozen doctors in

Ewing Galloway



The KNOW-IT-ALLS: "... come to you only over strenuous objection and through the insistence of their wives or husbands or other relatives."

five years. Since there was nothing organically wrong with her, she kept on enjoying all her symptoms. And naturally nobody could cure them. Whenever she got tired of one doctor's face, she quit him and shopped for a new one. Such people really need mental treatment, and I am not a psychiatrist. There is only one thing to do with them. You know you aren't going to keep them long anyway, and they'll be nuisances as long as you have them. So as soon as Mrs. Galt began telling me how Dr. Smith had thought her headaches meant so-and-so but was all wrong, how Dr. Jones had put her on a diet, and how Dr. Brown had suspected focal infection, I came right back at her.

"You have been a patient of Dr. Brown's?" I asked suavely, naming the last one she had mentioned. "Why, my dear lady, you don't belong here. There isn't a better man than Brown in the city. Why don't you give him a chance really to study your case thoroughly, since he is familiar with it and I am not?"

The result of this kind of rejoinder is fifty-fifty: Either the patient thinks maybe you're right, and she ought to give her former doctor another chance; or she gets the point and laughs,

and you can begin to deal with her sensibly. In this case Mrs. Galt went—much to my satisfaction.

Another variety is the know-it-alls. These have read any number of popular books on medicine—Clendening and Haggard and Singer—and they feel they know just as much about their insides as you do. Nine times out of ten they have come to you only over strenuous objection and through the insistence of their wives or husbands or other relatives. When something goes wrong with them they make a stab at what it might be, look up the symptoms of their trouble in the medical encyclopedia, and are all primed with their own diagnosis. Usually it's something pretty awful—cancer or nephritis or some organic heart disease; and it's hard to persuade them that they are really suffering from some minor and curable disorder. These people aren't faddists; they would never go to a chiropractor or a faith healer; they're just a hang-over from the old days when every man was his own doctor.

Sometimes they get their technical information badly confused, and are really funny. The other day I was testing the knee-jerk on a patient, and he began telling me that he knew all about "the

## You can rely on VIM Square Hub NEEDLES

- to always be sharp, keen, ready to use;
- to be free from danger of rust, clogging;
- to be impervious to most acids, reagents;
- to be made from Firth-Brearley Stainless Steel;
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Order VIM Needles from your Dealer—  
ask for "VIM."



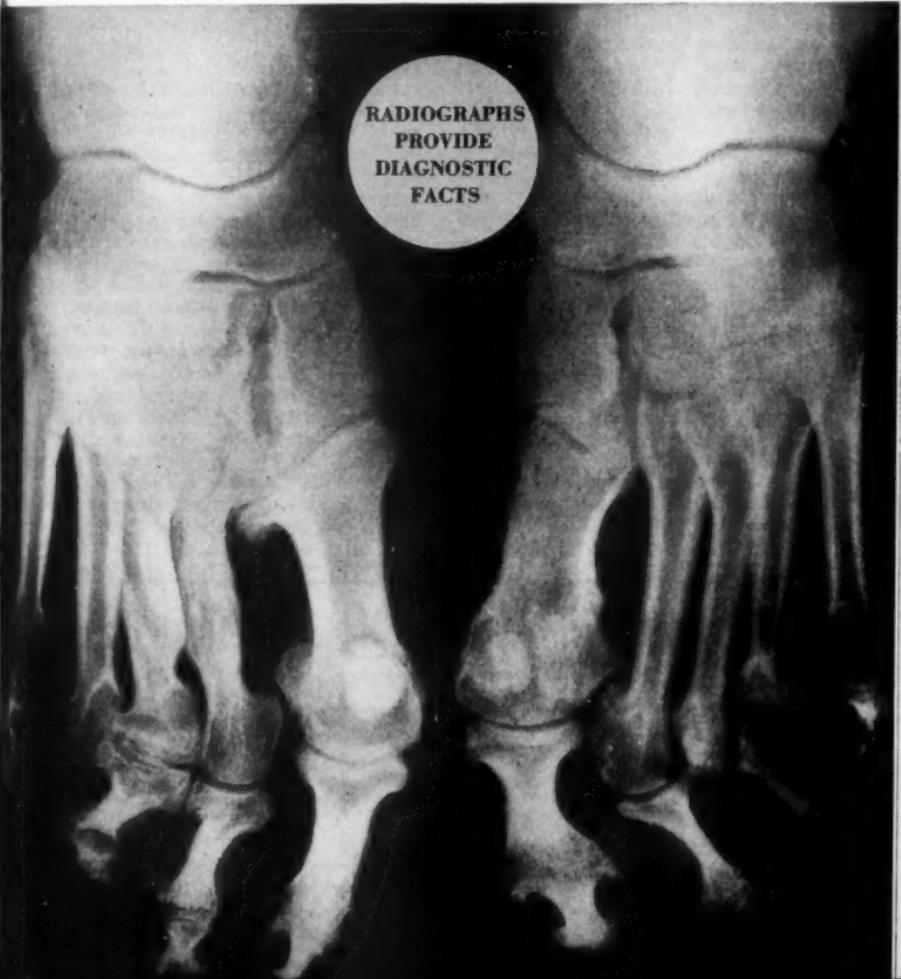
# To Establish *the Cause of the Pain*

**S**TRUCTURAL defects are generally recognized as the underlying cause of common foot complaints. But prompt, accurate diagnosis and proper treatment of functional disorders are often difficult or impossible, based on clinical symptoms alone. Pain may be misleading, ranging from vague discomfort to acute suffering, or from severe "burning" to dull ache or tingling numbness.

The nature and extent of the defective foot mechanism, giving rise to painful functional disorders so frequent today, can be determined more accurately by radiography than by any other means. The x-rays disclose the existing condition immediately.

When your patient's symptoms point to functional disorder of the feet, refer him at once to a radiologist for x-ray examination. It is always desirable to have the radiographs at hand when you make the physical examination.

**EASTMAN KODAK COMPANY, Medical Division, Rochester, N. Y.**



RADIOGRAPHS  
PROVIDE  
DIAGNOSTIC  
FACTS

Romberg reaction"? I ought to have given him a Romberg after that, just for the fun of it.

When I tell you how I handle patients of this type, you may be surprised. Actually, I cherish them. I have found that they are likely to be the most intelligent men and women who ever walk into my office—and every practitioner knows how much more you can do with an intelligent patient than with a stupid one. I humor them a bit. I express surprise at their familiarity with medical terms. I flatter them by using technical language back to them. (Not too much, though, for they don't like to be humiliated by not understanding a question.) Then I show off a little; give a small lecture of my own on recent research in the given field; and, before you know it, we are on the best of terms. What's more, I have a patient who is eager to cooperate and has the brains to do it. Incidentally, just because they *have* brains, most of these people acknowledge, before they get through with me, that their little learning was a dangerous thing. Sometimes they even swing to the other—and sometimes embarrassing—extreme of considering me an oracle.

I suppose every M.D. meets the cadger. He's the patient who is out for something extra, free. After his consultation he will say casually "Oh, by the way, doctor, it wasn't worth while bring-

ing him in, but my boy seems to have a bit of a sore throat. What do you think I ought to do about it?" Or he will meet you on the street or at a friend's house and remark, "I wish you'd settle a theoretical argument for me: Is massage or a hot application the best treatment for a sprained muscle?" And you know perfectly well he has somebody at home with a sprained muscle. Once in a while he'll vary it by saying brightly, "Here's something that will interest you. Someone was telling me the other day about a case. (A list of symptoms follows.) Now, what would *you* have done if that fellow had been a patient of yours?"

How to handle this sort of person depends on several things. If he is too good a patient to lose, just naturally greedy and fond of getting something for nothing, it might be expedient to give him instructions for simple home treatment of his son's sore throat or his brother's sprain. (Don't forget, however, that if the sore throat should turn out to be diathermia, or the sprain a fracture, and disaster should ensue, he is perfectly capable of blaming you.) But, nine times out of ten, the man who will do this sort of thing—if he is a patient at all, and not just an acquaintance trying to work you for free advice—might just as well be brought up short. He is exceedingly likely to

## Micajah's Medicated Wafers

help in treating a distressing case of leukorrhea.

**MICAJAH & COMPANY**  
248 Conewango Avenue, Warren, Pa.  
Samples, Please

Dr. ....

Address .....

Micajah's Wafers quickly control vaginal discharge. They are remarkably astringent, styptic and decongestive. They also minimize itching and burning, and restore physical comfort promptly. One Wafer inserted high up in vagina after cleansing douche.

## CANNED FOODS AND THE PUBLIC HEALTH

### III. Chemical Preservatives

• Some of our readers have inquired as to whether or not chemical preservatives are used in commercially canned foods. In certain instances, this question was inspired by the fact that "canning compounds" were formerly sold for use in home canning and preserving operations. Such compounds, however, are rarely used by the housewife of today, and never by commercial canners.

We wish to state here that *no preservatives are used in commercially canned foods.*

Spoilage of foods is principally caused by the growth and multiplication in food of microorganisms such as yeasts, molds, or certain types of bacteria. These microorganisms depend upon the food they inhabit for their nutrition and their life processes produce changes in the chemical or physical characteristics of food, or both. These changes lead us to state that the food has "spoiled."

Like other living organisms, these spoilage microorganisms can grow and multiply in a food only as long as conditions remain favorable for their existence. If any environmental factor, such as temperature, moisture or acidity, becomes unfavorable, these spoilage organisms are destroyed, or their development is inhibited.

All methods of food preservation have a common underlying principle; they all alter some factor or factors in the food environment so as to render conditions unfavorable for the growth or

development of spoilage organisms in the food.

Thus, foods may be preserved by freezing or refrigeration, which serves to lower the temperature below that optimum for growth of certain spoilage organisms; dried foods keep because the moisture content has been reduced to an unfavorably low level; certain fermented foods keep because of the development of high acidity. All of these methods produce changes in the environment in which the food spoilage organisms must live.

Commercial canning is a method of food preservation in which the temperature factor in the environment is raised to a level above that optimum for growth of spoilage microorganisms. Thus, canned foods keep because in their preparation they are subjected to heat processes in hermetically sealed containers. The thermal processes raise the temperature of the foods to those temperatures at which the most resistant spoilage organisms present cannot grow or survive. (1)

The hermetic seal insures protection against future infection of the food by such organisms.

Thus, commercial canning is a method of food preservation which has for its basis the thermal destruction of spoilage organisms; no chemical preservatives are needed to insure preservation of the foods, and, consequently, none are used.

**AMERICAN CAN COMPANY**  
230 Park Avenue, New York City

(1) *The Microbiology of Foods*, F. W. Tanner,  
Twin City Pub. Co., Champaign, Ill., 1932

*This is the eleventh in a series of monthly articles, which will summarize, for your convenience, the conclusions about canned foods which authorities in nutritional research have reached. What phases of canned foods knowledge are of greatest interest to you? Your suggestions will determine the subject matter of future articles. Address a post card to the American Can Company, New York, N. Y.*



**The Seal of Acceptance denotes that the statements in this advertisement are acceptable to the Committee on Foods of the American Medical Association.**

be slow pay, or a wrangler over your charges, or a complete evader of them; cadging is an early symptom of the deadbeat. Sometimes you can evade the issue and turn it into a joke by invading his own territory: If he is a lawyer, ask him for a bit of free advice. But in most cases you might just as well say, pleasantly but firmly, "I'm sorry, Mr. Blank, but I can't advise any treatment in a case I haven't seen." That's that. And if it antagonizes him, it's just too bad. You save money in the long run by losing him.

I think the most annoying patient a doctor can have is the one who lies to him. It may be a woman—usually an older woman—who gets the fidgets at discussing her most intimate affairs even with a physician. It may be a man trying to conceal an error of his past, hence putting an obstacle in the way of your diagnosis and impeding a cure. It may be a grouch who doesn't see the point of your curiosity and considers the answer none of your business. It may be the kind of imbecile who thinks if he doesn't acknowledge a thing even to himself it will keep it from being true. (A lot of early cancer cases get past the curable stage because of that.) It may be somebody who suspects, for example, that he has a heart lesion which will keep him from doing some job or going somewhere on which his mind is set, and who flatly denies suf-

ferring from symptoms which you strongly suspect he has.

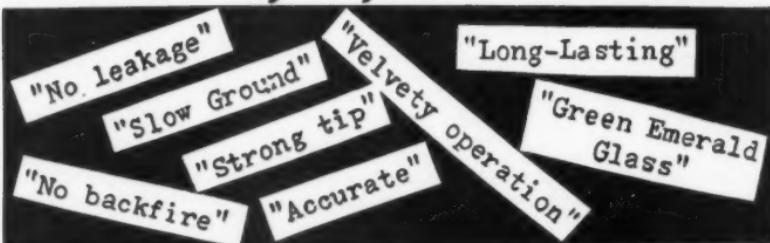
I don't know of a more difficult situation. You can't simply call a patient a liar and get away with it. You have to use diplomacy plus, and fit your handling of the problem to each individual case.

For instance, with nervous, embarrassed people I sometimes write my questions out, and ask them to bring in the written answers at their next visit. Lots of people will write things they won't look you in the face and say—especially if they don't have to sign them. Sometimes I challenge them openly, but in an unaggressive way: "I think you must have forgotten. Think it over again," or something of that sort. I remember one man who absolutely denied shortness of breath or cardiac pain. There was nothing to do but take him out and inveigle him into climbing some stairs with me so that I could observe the effects at first hand.

Sometimes the best way is to consult the patient's family. He may have told them things, or they may have noticed them. They'll tell you what he wouldn't.

It's a great game. I've met all kinds, good, bad, and—literally—indifferent. Yet I can say truthfully that three quarters of them were good—honest, intelligent, cooperative, and reliable. All I'd like (though I won't get it) would be about 34 years more of them.

## *a VIM Syringe is DEPENDABLE*





## SUGGESTION No. 3

*Dear Doctor:*

Carefully checked clinical and hospital records show that constipation is an ever present threat that must be seriously considered in all cases of gastric ulcer.

In a great many cases constipation is aggravated by the ulcer or may be the contributing cause, especially during the painful period.

Whether the cause is physiological or psychological we urge you to try Taxol as a valuable aid in the relief of this condition.

Taxol is a corrective. Its action is mild, soothing and effective. It has become a favorite prescription with hundreds of physicians not alone because its results are prompt and satisfactory, but also when it is discontinued, or dosage lessened to one or two tablets a week, satisfactory bowel function is maintained without symptoms of distress.

May we send you samples of this really excellent preparation for the treatment of chronic constipation?

*Very truly yours,*

**LOBICA LABORATORIES**

1841 BROADWAY  
NEW YORK



LOBICA LABORATORIES, 1841 Broadway, N. Y. C.  
I would like a supply of TAXOL, also literature.  
M. D.  
M. E. 4-26



**Whenever it is desirable to administer iron, ENDOMIN can be prescribed.**

Whenever the blood is deficient in hemoglobin or erythrocytes, and a means of administering iron is desirable, you can depend upon Endomin. Its formula combines a readily assimilable form of iron with those inorganic elements found in the liver, which most effectively stimulate the production of red blood cells.

Endomin will not cause gastric disturbances; therefore its full therapeutic action can be expected without troublesome by-effects.

Two to three tablets three times daily, is the suggested dose. Bottles contain 100, 500, or 1000 tablets.

May we send samples?

**REED & CARNRICK, 155 Van Wagenen Ave., Jersey City, N.J.**  
Founded in 1860

# Let's Get Personal!

Sherlock Holmes had a penchant for eyeing the "personals" in his London newspaper. He picked up clues that way. Medical Economics, instead of reading public notices, ran one in the New York Times last month. It asked: "Why did you choose your present physician; why did you give up your last physician?" Here are some clues.

## Publicist:

"I selected my present physician on account of the very great confidence that all his patients have for him. When I called at his office, he made me feel that he was interested in me and could help me. Most important, I felt that *he wanted my case*.

"I gave up my last physician because he had gotten 'high hat.' My calls only seemed to bother him—he had so many other important things to do. When he tried to make me feel friendly by offering me a drink, I quit!"

George L. Brown  
New York City"

## Violinist:

"I am heartened to answer your questions by the consideration that my friends act in as witless a manner as I do. They choose their doctor, who holds their life in his hands, because he is good-looking, pleasant, sympathetic, or well-mannered.

"Isn't it stupid? Still, can we

George L.  
Brown



be blamed? All doctors have lots of cures and some deaths to their credit. The public can't tell how many of either are due to the physician. I chose my man because a friend recommended him as being skillful but inexpensive, and because he is near at hand. The

Wilson  
H. Pile



matter of fee should not enter in, I grant you. But it has to when the pocketbook is flat.

"I gave up my former doctor because I moved from one end of town to the other.

Wilson H. Pile  
Philadelphia"

## Salesman:

"Confidence in one's physician is said to be half the battle. I gave up my last doctor, after one visit, because I was confident that he was an ignoramus. Maybe I was wrong. Frequently I am. But I am not the kind of fellow who calls in a physician and tells him his business. Neither do I expect omniscience, magic, or miracles for my \$2.

"When the doctor called he found me reading *The Adventures of Baron Munchausen*. 'Hmm,' he said, 'So that radio comedian has written a book already.'

"I don't think I'm unreasonable in expecting anyone who has



Art  
Long

gone to college to know that the book antedates Jack Pearl by a number of years. If a man can go through college without acquiring some knowledge of books, it's my belief that he won't learn much about medicine.

"My present physician is a young man not long in practice. But I think he knows what he is about. He reads the papers and he has also heard about Sinclair Lewis and Sir Walter Scott. Believe it or not, he doesn't think *Gulliver's Travels* was written by a burlesque comedian.

Art Long  
Ozone Park, New York"

**Painter:**

"The last time I called in our regular family doctor, whom we had always paid at each visit, I told him that I would be unable to pay him right away. I suggest-

ed that I could give him \$2 a week until his bill was settled. He mumbled something about how many of his patients had failed to pay him. I did not like his attitude toward my suggestion which, after all, was an honest business proposition.

"Next pay-day I mailed him \$3 for his visit, and decided to look up a new doctor in the future.

"The first time I called the new physician to my home I was perfectly frank about my financial status. I explained to him that I was working only four days a week, but that I could pay him \$2 a week without fail until my debt was cleaned up. He agreed kindly. The arrangement saved my having to borrow money.

"I have now paid my doctor's bill in full, and feel that I can call on him in the future without



James R.  
Kelley

worrying about how I am going to pay the bill.

James R. Kelly  
Brooklyn"

**Statistician:**

"My present physician was recommended to me. Others gave me a superficial examination and

**DIONOL** Only \$2.00 a Lb. Delivered

*Uniformly dependable results guaranteed.*

Send \$2.00 today for 1 lb. jar. Shipped postpaid.	Methyl-Iodized Dionol—An effective analgesic unguent. Regular Iodized Dionol—Non-irritating iodine medication. Methylated Dionol—A powerful solidified liniment.
--	--

THE DIONOL COMPANY, 4210 Trumbull Avenue, Detroit, Michigan ME 4-36

# ENDURING

Adaptable to all seasons of the year, suitable for  
all ages, systemic in action

## ANGIER'S EMULSION

reacts beneficially on irritated mucosa,  
normalizes intestinal action and pro-  
vides a general tonic influence.

Angier Ethical Preparation

On Rx in 6 and 12 ounce sizes

ANGIER CHEMICAL CO.  
Boston,  
Mass.

Angier Chemical





Winifred  
Oberbeck

a prescription. Not so with the one I have now. He takes time for a complete analysis of my men-

### WHERE NATURE ASSISTS IN EVERY WAY

## NEWFOUNDLAND

IND glowing health in this bracing, glorious climate that's cool and buoyant. There's no hay fever, no rush and hurly . . . only pastoral valleys, silent forests, lakes and streams, and the healing powers of all outdoors. Magnificent scenery for sightseeing, with fjords and fishing villages. Golfing, sailing, canoeing. Modern camps and hotels offer attractively low rates.



*Write for free booklet, "Come to Newfoundland," to Newfoundland Information Bureau, 620 Fifth Ave., New York, N. Y., or Newfoundland Tourist Development Board, St. Johns, Newfoundland, or any travel agency.*

tal and physical reactions to my everyday life.

"Each visit is alike. There is always the same interest in my case.

Winifred Oberbeck  
New York City

#### Teacher:

"On returning (after seven years) to this city, I chose my present physician because my former M.D. had moved away. Seldom have I dropped a doctor except on moving to another town.

"Exceptions to this rule: 1. He treated me for a felon without trying to subdue my severe suffering. I left him, went to a hospital, and lost nearly half my finger anyhow. 2. During my mother's last illness he was not helping her and seemed interested chiefly in conversing with younger women in the family (including myself). A new doctor took mother's misery seriously. He prescribed sufficient opiates to keep her fairly comfortable and drowsy until her sufferings ended. I am glad I changed.

Hoboken, New Jersey"

#### Engineer:

"My present physician is not a rule-of-thumb practitioner, nor is he a faddist on every new theory that comes along. I heard of the way he treated a friend of mine for an ailment which had baffled other physicians. He first made a complete study of the case. Then he planned his curative treatment. Before going ahead with it, however, he did what he could to alleviate pain and discomfort. His method impressed me. The next time we

## HASLAM'S

Sold thru  
dealers  
only

STAINLESS STEEL Surgical Instruments

Send for the 1936 Catalogue

EST. 1848

FRED. HASLAM & CO., Inc., 83 Pulaski Street, Brooklyn, New York



## DOUCHING FOR comfort

THERE may be no pain, but the discomfort from burning vaginal secretions, from inflammatory processes in the pelvis, from the dragging sensation arising from fatigue and strain is sufficient to cause distress. Douching with Lorate offers gratifying relief in these conditions, as well as during convalescence from gynecological operations and after confinement. Irrigation with Lorate is harmless, even when it is used over an extended period . . . . The ingredients of Lorate—sodium perborate, sodium bicarbonate, sodium chloride, with menthol and aromatics—assure freedom from caustic, irritating, astringent or toxic effects. Lorate cleanses, soothes and deodorizes. • • •

Indications: *As a deodorant after menstruation. During the menopause. After childbirth. In leucorrhea. In cervicitis. After gynecological operations. For the cleansing douche and in trichomonas vaginalis.* • • •

## LORATE

THE THERAPEUTIC VAGINAL DOUCHE POWDER

MAIL  
this coupon

LORATE COMPANY, INC.

115 WEST 18TH STREET, NEW YORK, N. Y.

I should like to receive a supply of Lorate samples for trial.

Name \_\_\_\_\_ M. D. \_\_\_\_\_

Address \_\_\_\_\_ ME-4-36



Edward Weiler

needed a doctor, I sent for him.

"My last physician seemed to think that what he had learned in medical school or in medical magazines as the latest was the best. He did little thinking for himself; was what I call a 'cook-book doctor.'

Edward W. Weiler  
New York City"

## X-ray Goes to School

60,000 STUDENTS TO  
HAVE LUNGS FILMED

"THAT," said Johnnie's mother to a mystified visitor examining what was in a frame on the wall, "is a roentgenogram of Johnnie. He's negative," she added proudly.

Johnnie is a fifth-term high school student and his roentgenogram decorates the wall because some time ago New York City's department of education and health, examining primary grade children for tuberculosis, discovered that although only 2 out of

100 had active cases, a much larger number, 28 out of 100, had incipient stages. They knew that one of the best ways to fight tuberculosis is to find cases that may be sources of infection. Deduction indicated that primary school incipients could very well develop into high school tuberculars.

So they enlisted the Medical Society of the County of Kings and the Brooklyn Tuberculosis and Health Association, got a portable machine for making roentgen examinations, assembled a corps of technicians and clerical workers, and have swooped down on 60,000 students in the 23 high schools of New York's Borough of Brooklyn.

Parents are asked to pay \$1 for the examination of each pupil—60 cents to cover the cost of film and 40 cents to go to clerical workers. The rapid x-ray method is being used. Paper instead of gelatin film reduces the cost. The machine is moved from school to school. It can take about 150 x-rays an hour. Films are forwarded to a central laboratory and read by experts.

If active or incipient tuberculosis is found, parents are notified and a report is sent to the family physician. Parents unable to pay for medical services are asked to designate a clinic where arrangements can be made for treatment. If the roentgenogram shows a negative result, it is given to the subject together with a note of glad tidings for mother and father.

The board of health is waiting to see the results of the Brooklyn experiment before it rolls its portable x-ray apparatus into the city's other boroughs.

# Ococy-Crystine

The Sulphur-bearing Eliminant—Detoxicant

Samples on Request

LABORATORIES at Salisbury, Conn.

TILDEN HAS KEPT FAITH WITH PHYSICIANS



# IROTHON (TILDEN)

*In BORDERLINE CONDITIONS*  
**GENERAL DEBILITY—DEFERRED DIAGNOSIS**

ANOREXIA, HYPOCHLOHYDRIA, BLOATING, DIARRHEA, INFLAMMATIONS, NERVOUSNESS—physicians have prescribed IROTHON, a tablet with a special triple enteric coating, three grains of Ferrous Sulphate buffered with Calcium Salt—resulting in rapid relief of symptoms.

**THE TILDEN COMPANY**

New Lebanon, N. Y.

St. Louis, Mo.

The Oldest Pharmaceutical House in America

ME 4-38

# *Skin Absorbs Vitamin From New Woodbury's Facial Soap*

OVER a long period of years, the John H. Woodbury Company of Cincinnati, Ohio, has endeavored to keep abreast of modern scientific developments and constantly to refine and improve Woodbury products in accordance with scientific progress.

Thus Vitamin D has recently come to be added to Woodbury's Facial Soap by means of irradiating one of the soap's ingredients.

Believing that the medical profession is interested in this new development, we give here a summary of the early experiments which ultimately led to the adoption of the Vitamin element as a new ingredient of the Woodbury formula.

THE theory that Vitamin D can be absorbed directly through the skin has been again confirmed as a scientific fact in recent biological tests made on white rats. The fundamental research was conducted in the laboratories of a leading mid-Western university, under the personal supervision of a scientist of international reputation.

This research grew out of the assumption that, owing to the beneficial effect of sunlight, which reacts directly upon the skin, the di-

rect skin-absorption of Vitamin D must be possible.

Medical literature records experiments by which rachitic rats have been cured of the condition by rubbing Vitamin D, in the form of viosterol in a liquid petrolatum base, on the skin.

In the tests sponsored by the John H. Woodbury Company, Vitamin D, in the form of an irradiated extracting agent of yeast, was added to soap. Selective ultra-violet

rays were used in the irradiation process.

Lather made by mixing two-tenths of a gram of the soap with one cubic centimeter of water was used to wash a spot, clipped free of hair, on the back of each rat's neck. This solution was left on for 60 seconds and then thoroughly rinsed off. Each test animal was placed in an individual cage after being dressed in a jacket which prevented the rat from licking the washed area of skin.

This procedure was repeated twice a day for ten days. At the end of this time, X-ray photographs showed definite healing of rickets in 83 per cent of the cases. Forty rats were used in this experiment.

At the same time other rachitic rats were washed with plain soap,

X-rays showing that 60 per cent of the animals failed to improve.

Another test was made to determine the relative healing of rickets by the presence of the vitamin soap in the rats' food, as compared with healing by skin absorption. The vitamin soap was fed to the rats once a day. Whereas some healing took place, it was less rapid than in the case of those rats which had been washed with the vitamin soap.

Further tests showed the anti-rachitic factor to be present in the soap, and biologically effective after 8 months.

The purpose of irradiating an ingredient of Woodbury's Facial Soap is solely for whatever benefit may accrue to the *skin*. It is not intended as another method of administering Vitamin D to the body.



Woodbury's  
FACIAL SOAP

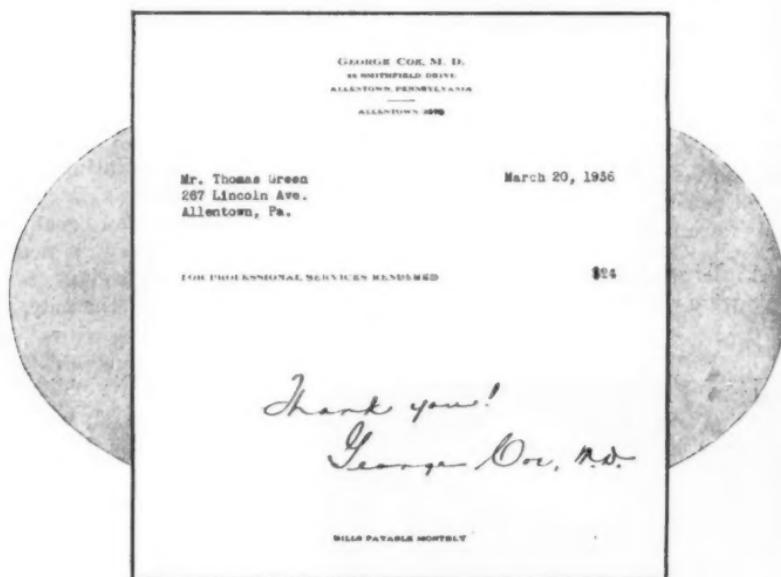
The first product of its kind to contain Vitamin D

For free sample cake of the new Woodbury's Facial Soap, address John H. Woodbury, Inc., 4364 Alfred Street, Cincinnati, Ohio. This offer is made to practicing physicians only, so please use letterhead in making request. Obviously but one cake can be made available for trial.

# The Bill Itself . . . PLAYS A PROMINENT PART IN THE

DO you invite your patients to delay settling their bills? A silly question, you say. But the fact remains that for thousands of physicians the answer is *yes*.

Of course, the obvious way to prevent the impression that your bills are merely a monthly ritual is to include on them only the essential facts. Many physicians do



Their invitations aren't worded with Emily Post forthrightness. They make their bid by implication: "Accounts rendered monthly," "To avoid errors, statements are sent every month," or "Memorandum of account."

When you come right down to it, the foregoing and similar messages say, in effect: "I do this every month. I don't expect payment. I'll be glad to send you another memo in thirty days." At least that's the way many patients translate them. And so, the doctor's bill gets filed instead of paid.

this for the sake of dignity and simplicity. Others append the simple word "statement" at the top center of their billhead. Dignity? *Yes*. Invitation to procrastinate? *No*. One hundred per cent efficient? *No*.

Without loss of dignity, effectiveness is increased when the right sort of notice is printed on a dunning piece. For instance:

(1) *Accounts due when services are rendered.*

(2) *Bills are submitted for services rendered during the preceding month. Prompt attention is requested.*

## COLLECTION DRAMA • By J. T. DURYEA CORNWELL, Jr.

### (3) Bills payable monthly.

Any one of the foregoing, in small type at the bottom of a billhead, is in professional taste. Obviously, not one of them permits the debtor to think that his physician doesn't expect settlement before next billing time.

You can't discuss bills without touching on receipts. Do you know that many physicians have the words "Received payment" or "Payment acknowledged" and a line for their signature imprinted on their statements because of habit or a stationery salesman's suggestion? Neither reason is sound. As a matter of fact, there's no good reason why such things should appear at all. If a patient returns his bill when he pays and requests a receipt, he'll be much more warmed by "Thank you, J. Smith, M.D." penned in your own hand, than by your signature lying formally along a black line that sticks out to the right of two printed words.

For the sake of common sense as well as the improved appearance of the billhead, "Received payment" or "Payment acknowledged" can properly be omitted. Any psychological appeal it may have is offset by its being non-essential.

A few physicians send out statements that are perforated across the middle. The upper half, which carries the debtor's name and address, is marked "Detach and return with check." You've seen this type of bill. Gas and electric light and telephone companies use it. Its chief purpose is to enable the payee to identify the client whose name on a check is one long wave with a few bumps in it or something that looks like a picket fence on a spree. The lower half which is actually the bill can be

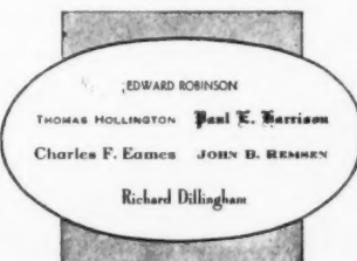
(Below) Several acceptable type styles for use on billheads. Your printer has these or others like them. (Opposite page) This bill deserves a 100 mark for its tasteful layout, concise wording, and neatly arranged typing.

retained as a memo by the payor.

If you have been getting a lot of checks with undecipherable signatures on them, the idea of the stub-type billhead may appeal to you. But before you order any, consider: If you send them out you will be asking your patients to add a pesky detail to an already unpleasant duty. Pesky details have kept a lot of people from doing things they should. And, after all, the bank on which a check is drawn can tell you who sent it to you.

To itemize or not to itemize is an issue that often occurs to physicians when they order billheads. There are two sides to the question. But they are not to be developed here. Suffice it to say that the "noes" seem to have it.

Aware that some patients may explode—"Fifty-four dollars! My



God! What's it all for?"—a number of physicians try to forestall angry questioning by printing something to the effect that an itemization is available for inspection. The idea is all right. But too often its execution is faulty.

One physician tells how he discovered his own error. Looking at one of his statements recently, he read: "Bills itemized but once. Items of this bill may be seen at the office." For some fortunate reason he began to wonder how that struck his patients. Then he decided that three faults could be found: 1. The message was unnecessarily long. 2. It sounded like a challenge. 3. It told the patient that he would have to go out of his way to get something to which he was entitled. Not another one of those statements was sent out. Instead, new ones were ordered. They said, in type smaller than any other on the sheet: "Itemized statement furnished if desired." How much better this phrase than one which tells the patient, in effect: "You've got to come to me if you want your bill itemized"!

A good way to solve the itemizing problem if you are a pediatrician is to imprint on the bill-head (again, in small type, and at the bottom): "This statement includes home calls, office visits, telephone consultations, and laboratory examinations." Patients who see this recall forgotten services and understand, instead of

questioning, the amount of their bill.

There's another thing to think about: Data that show total charges to date, amount already paid, and balance due. Physicians who include this bookkeeping transaction on their bills will tell you that it is an effective way of demonstrating to the man who has paid, say, \$5 on account that this sum is a mighty small part of the \$85 he owes. Here, as in receiving, handwriting is more effective because more personal. The data can be jotted on the bills that need it, and those where it is unnecessary are left uncluttered by superfluous type. Furthermore, an indication that part-pay is acceptable may give bad ideas to patients who are prepared to pay their whole debt. "By golly!" they may think. "I don't need to send him \$25. I'll send him \$10 and pay the rest next month." And *maybe* they will. But why suggest the idea to them in the first place?

In addition to these specific criticisms, there are several general considerations that must be covered. A physician's statements, like his stationery and announcements, represent the man who sends them out. It is extremely important that they make the right impression. Flimsy paper, obsolete or over-fancy type styles, jumbled make-up, sloppy

*Quick Relief for sufferers from*  
PEPTIC ULCERS and COLONIC DISORDERS

**KAO-MUCIN**



A concentrated vegetable mucinoid in tablet form offering the following advantages over animal mucin: lower cost, smaller dosage, palatability, freedom from toxicity and secretagogues. Write for folder.

THE COLUMBUS PHARMACAL CO.,

COLUMBUS, OHIO

# DRYCO

## INFANT FEEDING SCHEDULE

From the hour of birth



For use with either DRYCO  
"Special" DRYCO (Vit. D)  
or

The Dry Milk  
350 Madison Ave.  
"An International Institute  
of Pure

T

The mounting number of  
requests for the new Dryco  
Vest Pocket Infant Feeding Schedule is  
convincing evidence of its practical value as  
a guide to more successful infant feeding.  
Busy physicians particularly appreciate its  
convenience—its compactness—and, above  
all, the completeness of its information.

*It is distributed for professional use  
only. May we send you  
copies?*

DRYCO does not imitate the  
of breast milk but seeks, rather, to act like  
breast milk. In modified DRYCO feedings,  
the curve of the protein supply, in grams per  
pound of body weight, is, as with breast milk,  
highest in early months of faster growth.

THE DRY MILK COMPANY, INC.  
Dept. ME-46-D, 350 Madison Ave., New York, N.Y.  
Please send copies of Dryco Infant Feeding Schedule.  
Name.....  
Address.....  
City.....  
State.....

# A Safe Douche Powder FOR YOUR WOMEN PATIENTS



Over forty years of successful clinical use attest not only the safety, but the efficacy of Tyree's Antiseptic Powder in the treatment of Leucorhea, Cervicitis, Endometritis, and Vaginitis, and for routine hygienic measures. Tyree's is antiseptic, yet non-irritating to the delicate mucous membranes.

It is actually soothing and healing, effective in removing thick adhesive mucous, and is widely used in routine follow-up after office treatment. May we send you a trial supply, and copies of our booklet, "Personal Matters of Import to Women", which is an ethical treatise on personal hygiene telling your patients what you would have them know, and saving your time. Write for them today.

Dept. M.E. 4



**J. S. TYREE, CHEMIST, Inc.**  
15 and H STS., N.E., WASHINGTON, D.C.

printing—each tells a sorry story. It is highly improbable that all these defects are ever combined on one man's billhead. But just one of them is enough to sour an otherwise tasteful statement.

Black and white remains the best combination as far as ink and paper are concerned. Colored inks and tinted stock are still too typical of Ye Debutantes Shoppe or the Come-Buy Department Store, unless used with the utmost discretion.

As to type styles: Any up-to-date printer or stationery house will offer you a choice that may well include something more striking and every bit as proper as the one you have been using. Those shown on page 89, and others like them, are highly effective and suited for use by the profession.

At some time or other you've sliced your finger on a piece of paper. In spite of its latent meanness, that's the quality of paper you want for your billheads: fairly heavy, stiff, and close-grained.

Smart advertisers know the pulling effect achieved by printing that is surrounded by plenty of white space. A billhead with everything on it but your diploma, lined like a cross-word puzzle, and printed in a half dozen type styles is certainly not going to help you collect. Speaking of make-up, look at the cut on page 88. The impression it gives is distinctly one of professional dignity. It is achieved by a generous use of white space around a handsome type face. Only essentials are there. In addition to omitting the things already discussed, you will notice that there is no "M" for mister, no "19" for a date line. By omitting these superfluities two things are achieved: 1. The billhead is not cluttered. 2. There is no risk of a name or date being typewritten off the line projected for it by an imprinted letter or numeral.

Certain things have to go on your statement. A number of

---

## CONSIDER THE RADISH!

---

IT arrives in the Spring along with the succulent green onion and fresh garden lettuce. Unfortunately, Spring's contributions to the family table frequently carry organisms which cause diarrhea.

As in cases of "ptomaine poisoning", simple or infectious colitis, Kaomagma adsorbs bacterial toxins and products of putrefaction, soothes the inflamed mucosa, promptly consolidates liquid feces and reduces too frequent stools to normal.

Kaomagma is an emulsoid of finest medicinal kaolin activated by fluid dispersion in Alumina Gel. Kaomagma Plain and Kaomagma with Mineral Oil are available in 12-ounce bottles at your prescription pharmacy . . .

*Send for literature and samples of*

# KAOMAGMA

**JOHN WYETH & BROTHER, INCORPORATED**  
**PHILADELPHIA, PA.**                            **WALKERVILLE, ONT.**

---

them have been discussed. Others may be put there to good effect. Consider, for example: office hours, the fact that you are a members of a physician's credit rating bureau, or have a special phone service, or that on certain days you are at your office by appointment only. They may all be used, but not all on the same billhead. The thing to do is to decide which one or two, or, possibly, three are best for you.

By now it will have occurred to you that your statements are more important than you thought they were. You may wonder if there is anything else you can do to improve them. There is, if you think it worth while to spend more money. Instead of paper, you can use card stock such as you use for announcements. Bill cards measuring 3½" x 5½" (ordinary envelope size) can be had for not quite twice as much as the regular bond-paper statements.

Engraving is, of course, impressive. At something like ten cents a letter it should be. The process known as thermography has much the effect that engraving has except that it is far easier on your pocketbook. A thousand thermographed paper billheads should cost around \$11. That's less than the price for engraved ones, but about four times the price of printed ones.

It won't take you long to check the billheads you now use against the points made in this article. If

they are very far off the line, give your stationer the devil, and tell him to fix you up with new ones.

## Education Grilled

### AMA DEPLORES MEDICAL SCHOOL REQUIREMENTS

THE educational system that turns out American physicians was x-rayed when the A.M.A. Council on Medical Education, Licensure, and Hospitals joined hands with the Federation of State Medical Boards at a 32nd annual convocation held recently in Chicago to discuss appropriate issues. Deploring was popular. Wails were directed at low entrance bars that permitted poor stock to hurdle into medical schools. Absentee chairman of the meeting was Ray Lyman Wilbur, M.D., dean of Stanford's medical school. A case of bronchitis could not deter him from relaying, "One may sympathize with struggling youth, but should sympathize more with future parents."

Words of disapproval were hurled at the American curriculum. "It is too narrow," cried some. "It is not properly balanced," roared others. More social study was cited as a broadening need. Stanhope Bayne-Jones, M.D., dean of Yale Medical School, proposed that embry-

## Complete Protection and Complete Freedom of Action

**MILLER ANODE SURGEONS' GLOVES**  
—snug and flexible as your skin—  
with extra knuckle-fullness to allow  
hand closing without binding—and  
a frosted surface to insure a firm  
grip upon slippery instruments.



**MILLER RUBBER COMPANY, INC.**

Akron, Ohio

# Can You Hear Me, Doctor?

All around me, in the advertising pages of this and other professional magazines, there's a lot of selling going on.

Most of it bears the unmistakable stamp of the advertising expert. And I'm not quarreling with him, understand, for he's a clever fellow. But I sometimes wonder whether these ads of mine are as effective as some of the rest? In the clamor of the marketplace, can you hear me, Doctor?

We've all got something to sell, and mine is Alkalol. I've been selling Alkalol for more than thirty years. With a few loyal, honest detail men and monthly advertisements in this and several other professional magazines I've built a good business.

Now you know, and I know, that this business never would have grown to international proportions if Alkalol hadn't produced *results*. If Alkalol hadn't helped *you* in *your* daily practice, all the advertising experts and high-pressure salesmen in the world couldn't have put it over.

This may be poor advertising when all around me other advertisements speak in louder tones than mine, but if you can hear me, Doctor, and have confidence in what I say . . . perhaps, in efficacy, my advertising will measure up to my product.

## Alkalol's wonderful record treating COLDS

Many head-colds will be prevented if the nasal tract is kept clean, for without a doubt the nose often acts as an incubator for bacteria.

Nasal cleanliness is no problem when Alkalol is used, for Alkalol is a pus and mucus solvent, allays irritation, re-

duces congestion and has a pleasant refreshing taste and odor. Different from the germicides so much exploited for oral hygiene. Alkalol can be used full strength in eye, ear, nose, wounds or burns, rash or irritation.

Let me tell you what thousands of physicians have written about Alkalol in absolutely *unsolicited* testimonials—"Wonderful success with Alkalol in treating and preventing head colds" . . . "Results amazing" . . . "Wonderful in the treating of inflammation anywhere" . . . "Patients find it comforting and soothing" . . . "It has been my winter stand-by for 15 years" . . . "It fills your statements beyond a doubt" . . . "Finest nasal douche I ever used" . . . "Very efficacious in treating head colds" . . . "Perfect for treating irritations of the mucous-membrane" . . .

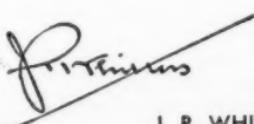
## Simple test tells volumes

Let me send you a free eye-dropper bottle of Alkalol. Then try it in your own eyes. Alkalol has such a wonderful soothing healing action on the delicate membrane of the eye that it has been used for years to clear the eyes of infants after silver treatment.

Doesn't it stand to reason, Doctor, that if Alkalol has been so successful in treating such a supersensitive organ as the eye, that it must be equally efficacious as a douche or spray in coryza, rhinitis, etc?

\* \* \*

Please remember that Alkalol is a delicate product and should not be dispensed from opened containers. Prescribe Alkalol in original 8 or 16 ounce bottles.



J. P. WHITTERS

Send your card for  
FREE SAMPLE  
today

The ALKALOL Company  
Dept. M436  
Taunton, Mass.

# STORM



Worn, the world over, for  
every condition requiring  
Abdominal Support.

*Every belt is made to order.*

Ask for literature  
Katherine L. Storm, M. D.  
1701 Diamond St., Philadelphia

## COLLECT YOUR OWN ACCOUNTS

with this



### FREE SYSTEM

The plan is simple. You mail the notice to your patients exactly as you do your statement.

It works miracles. Checks arrive with apologies, patients whose bills kept them away return to settle—and come back for treatment. Thousands of physicians testify to these benefits.

The system is yours for the asking. No charge of any kind. And you may have as many more as you can use on the same basis.

**ARROW SERVICE,**  
Arrow Bldg., Schenectady, N. Y.

Send me, free of charge, your  
Physicians' Collection System.

M.D.

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

onic physicians be made to study legislation affecting the physician; medical organization and ethics; and new forms of medical practice.

Discussion of obstetrics brought cries of "underrated"; and Robert Hickman Riley, M.D., Maryland's health officer, proved it. Said he: "The general practitioner devotes 30% of his time to obstetrics. But the manage-

Acme



NATHAN B. VAN ETEN, M.D.  
M.D.'s must dig down to go up.

ment of childbirth is allotted only 4% of the time devoted to the medical course."

Other conference tid-bits: Let young physicians be given conditional licenses to be made permanent when they prove themselves; medical schools, copying liberal arts institutions, should be allowed to certify that their graduates are fit to practice (George Zook, president of the American Council on Education); physicians must delve as deep into social problems as they do into those of the human body if they are to achieve maximum success (Nathan B. Van Etten, Speaker of the A.M.A. House of Delegates).

This booklet gives an  
entirely new idea of



## THE DOCTOR'S INTEREST IN THE WRAPPING OF PHARMACEUTICALS

We serve the manufacturer exclusively—yet this new method of ours is of real importance to the medical profession. Complete details are given in the booklet illustrated above.

The Informative Data contained therein is of real interest to the physician and we shall be glad to mail a copy. But we suggest that you fill in the space below NOW—before you go on to other matters.

**Ivers-Lee Company, 215 Central Ave., Newark, N. J.**

CREATORS OF SEALTITE & SANITAPE

Without obligation of any sort, send me the booklet describing your new method of wrapping pharmaceuticals.

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**TABLET**

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# **ALUKALIN**

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## **DOSAGE—PROGRESS**

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Concentration has made it possible to avoid bulk doses of, for instance, Cod Liver Oil.

Likewise activation now makes it possible to avoid massive doses of kaolin in the treatment of colitis, diarrhea, putrefaction, flatulence, toxic bowel and gastric hyperacidity.

Tablet Alukalin, (activated kaolin) is indicated in gastro-intestinal disorders. It provides an inert, non-irritant, non-toxic chemical with high adsorbent properties.

May we send you a liberal complimentary supply of Tablet Alukalin—with complete literature?

We believe a trial will convince.  
**Write us today.**

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**MALTBIE CHEMICAL CO.**

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NEWARK, NEW JERSEY

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Ewing Galloway



Almost any physician can add insurance examining to his ordinary practice routine.

## Money on the Side

By ALBERT SEATON, M.D.  
Author, "The Successful Examiner"

THE life insurance companies have started thousands of physicians on their careers, so far as bread and butter is concerned, and are today providing no small part of the gross income of the medical profession in this country. Estimates made recently indicate that more than \$25,000,000 is paid to doctors annually in life insurance examination fees. Four of the larger companies paid out approximately \$7,500,000 in 1934; that figure is not an estimate, it is actual.

Averages are hard to get at, but minimum and maximum earnings are not. The range is from next to nothing in some localities up to a "top" of \$15,000 for a big-city man who devotes all his time to the work. That fig-

ure is exceptional; but \$5,000 a year from this source, in addition to income from regular practice, is not. And, of course, the number of physicians who pick up \$250 to \$1,000 a year from this "side line" runs into thousands.

For many a young man starting out in a small town that amount of money is not to be sneezed at. One of the great attractions of examination fees to the average physician is that they are "good as old wheat in the mill." He does not even have to make out a bill. Automatically a check comes from the company every month covering the fees for his examinations reported during the preceding month.

In the course of his insurance

work the physician gets his three or five or ten dollars for each examination as regularly and surely as he receives his electric light bills and his tax notices. Those amounts represent the customary range of fees. Some companies pay a fixed sum for all examinations, three to five dollars usually. Others pay on a graduated scale, two or three dollars where the amount of the policy runs up to \$25,000, five dollars when it is between that figure and \$50,000, and ten dollars when it exceeds \$50,000. This is, of course, a general statement, the practice of no two companies being precisely alike. But invariably the examiner's fee is paid, regardless of whether the applicant is accepted for insurance or not.

The function of the medical examiner has developed consistently with the growth of the life insurance business. At the time of its speculative beginnings in the fifteenth, sixteenth, and seventeenth centuries, the man desiring to insure his life appeared before a lay committee of the underwriters who were to assume the risk. Later, common-sense led to the addition of one or more medical men to these committees.

As operations extended to greater and greater distances from the companies' offices, it became impracticable for all applicants to appear before the risk committees or for the committee to see them all. So physicians residing in

the same communities with the applicants were designated by the companies to act as local advisers. That relationship still obtains.

No specialized preparatory study or training is required to become a medical examiner. The work goes best with a general practice rather than with that of a specialist.

Personal and family history, occupation, age, height and weight, blood pressure, heart, lungs and kidneys—these comprise the subjects of the insurance examination. Half an hour is the average time required for one; fifteen minutes sometimes is sufficient; occasionally it may run nearly an hour, almost never over that. As soon as the doctor receives the urinalysis report and adds it to the questionnaire, with *every question answered*, it is ready to sign and mail to the home office. Then he is finished with that case except in rare instances where he may be asked to make a second examination of some particular detail, either by himself or in collaboration with another examiner.

It used to be a rigid matter of accepting or rejecting the applicant. He either got his insurance or he didn't, and that was the end of it. But now actuarial science has developed to the point where fully 97 percent of all applicants can be accepted on some



the dependable urinary antiseptic  
**CYSTOGEN**  
 methenamine in its purest form

For the patient affected with a urinary infection, you will find Cystogen a rapid, effective therapeutic measure. Cystogen eases renal and vesical discomforts; changes the urine to a dilute formaldehyde solution; prevents intra-vesical decomposition of urine. Cystogen induces no toxic irritating sequelae. In 3 forms: Cystogen, Cystogen Lithia; Cystogen Aperient. *Free sample on request.*

**CYSTOGEN CHEMICAL CO., 882 3rd Ave., Brooklyn, N.Y.**



## IRON • CALCIUM PHOSPHORUS • VITAMIN D

*in this delicious, high caloric, easily digested food-drink*

DURING convalescence from illness, an operation or childbirth—or when it is advisable to increase the weight of a malnourished child—*there is one food-drink which has proved itself exceptionally useful.*

That food-drink is Cocomalt. Delicious and tempting, easily digested and quickly assimilated—Cocomalt not only adds easily assimilated Iron to the diet, but also richly provides Calcium, Phosphorus, Vitamin D.

An ounce of Cocomalt (which is the amount used to make one cup or glass) supplies 5 milligrams of Iron in easily assimilated form. Thus three cups or glasses of Cocomalt a day supply 15 milligrams—which is the amount of Iron recognized as the normal daily nutritional requirement.

Here, then, is one form in which even a capricious child or a finicky adult will take Iron willingly—and at the same time receive other important food essentials. Prepared as directed, Cocomalt adds 70% more food-energy value to a glass of milk.

### **Vitamin D, Calcium, Phosphorus**

Cocomalt is fortified with Vitamin D

under license granted by the Wisconsin Alumni Research Foundation. Each ounce of Cocomalt contains not less than 8 U.S.P. Vitamin D units.

Cocomalt also has a rich Calcium and Phosphorous content. Each cup or glass of Cocomalt in milk provides .32 gram of Calcium and .28 gram of Phosphorus. Thus Cocomalt supplies in good biological ratio three food essentials required for proper growth and development of bones and teeth: Calcium, Phosphorus and Vitamin D.

### **FREE TO DOCTORS:**

We will be glad to send a professional sample of Cocomalt to any doctor requesting it. Simply mail this coupon with your name and address.

R. B. Davis Co., Dept. 12-D,  
Hoboken, N. J.

Please send me a trial-size can of Cocomalt without charge.

Dr. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

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basis. They can be "rated"—that is, if they have some important impairment, statistical probabilities as now known make it possible to insure them at a higher rate than normal, or by a conditioned contract exempting the company from liability for death from specified causes.

Formerly the local examiner was asked to pass upon the insurability of the applicant, and the home office usually acted according to his judgment. Nowadays he is relieved of that responsibility which might cause friction between him and the local agent. Moreover, life insurance medicine has developed so definitely in its own field that the local practitioner is not equipped to pass upon risks from the standpoint of the company. The home-office medical department is staffed with men who know their branch of medicine as a specialty. On them rests the responsibility of judging the meaning, in life insurance terms, of the conditions the local medical examiner reports. In that report he expresses no opinion. His professional competency in recognizing impairments, his honesty in reporting them, are presupposed. He must be keen enough, too, to detect, if possible, the cases where the applicant tries to slip one over on him. This happens sometimes in the case of large policies, or when a man has been rejected and becomes all the more determined to get insurance pro-

tection somewhere. Such an applicant will sometimes know and take advantage of the opportunities afforded by modern clinical medicine to prepare himself for examination by temporary concealment of the symptoms of impairment.

How to obtain an appointment? There is no set procedure. Younger men are preferred for several reasons; but many an older man with a settled practice has added insurance examination to his work, either on his own motion or at the instance of the local agent or the home office. Recently a physician, associated for years with the U. S. Public Health Service and desiring to take up regular practice, sought an appointment as a means of helping out his income. The simplest and most direct way to go about it is to write a letter to the home office medical director. But any number of other ways will do.

If the agent in your locality has reason to think a change in local examiners is impending or desirable, his knowledge that you would like the post may lead to his proposing your name to his general agent or to the home office. You may have made yourself known to the medical director by some more direct means—personal acquaintance formed at a professional gathering, or through purely social contact, say. Through whatever channel

Doctor

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will surprise you and your patients in results obtained. The proper dose of biliary salts, its laxative action, corrects

**HABITUAL CONSTIPATION, BILIUS ATTACKS  
AND THOSE LAGGING METABOLIC PROCESSES.**

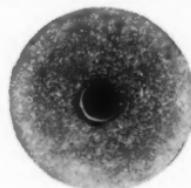
Formula contains Biliary Salts, Podophyllum, Aloinum, Extract Nucis Vomicae, Atropinæ Sulphas, and Capsicum. No nausea, griping or diarrhea. Send 50c for a bottle of 100, or \$2 for a bottle of 500 tablets. Do it now before you forget. Samples on request.

We will be pleased to supply your pharmacist direct or through his wholesale house.



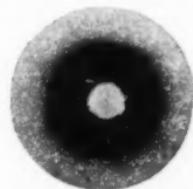
**LIV-A-TONE CO., 5942 SUNSET BLVD., LOS ANGELES, CALIF.**

# Merck SODIUM PERBORATE Flavored



**Agar Cup Test Shows Heavy Growth of Bacteria on Control Plate**

Agar Cup Plate, containing 10% serum inoculated with bacteria from human mouth and incubated for 24 hours at 37° C. At end of period plate contained heavy growth in the absence of any inhibiting agent.



**Agar Cup Test Showing Antiseptic Value of Merck Sodium Perborate Flavored**

Agar Cup Plate, containing 10% serum, inoculated with bacteria from human mouth, to which Merck Sodium Perborate Flavored has been added. After incubation period of 24 hours at 37° C., subcultures were taken from rim of the cup. Subcultures showed no growth after an additional incubation period of 24 hours.



*The advertising of Merck Sodium Perborate Flavored is directed to the medical and dental professions.*

*Inhibits growth of Anaerobic Organisms associated with VINCENT'S INFECTION*

A HOT, freshly prepared solution of Merck Sodium Perborate Flavored is valuable for removing the membranous exudate, and for combating the anaerobic organisms associated with Vincent's Infection. When indicated, the powder may also be moistened to form a paste and allowed to remain in contact with the affected areas for from 3 to 5 minutes.

Patients gladly supplement office treatments with home use, according to the physician's directions, when Merck Sodium Perborate Flavored is prescribed. It is easy to use and the peppermint flavor leaves a clean, refreshing feeling in the mouth. It is a fine powder, free from abrasives, and dissolves in water or saliva, completely covering any affected area.

Your patients may obtain Merck Sodium Perborate Flavored at drug stores in 2-oz. and 4-oz. tins.

Send for circular which describes the uses of Merck Sodium Perborate Flavored for the treatment of Vincent's Infection, Tonsillitis, Pharyngitis, Stomatitis and Gingivitis. A 2-oz. regular trade size tin will also be sent to you. Use the coupon.

*Merck Sodium Perborate Flavored is accepted by the Council on Dental Therapeutics of the American Dental Association.*

● MERCK & CO. INC.  
Dept. 44, Rahway, N. J.

I am attaching my professional card (or letterhead). Please send office samples of Merck Sodium Perborate Flavored and literature.

Name.....

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City..... State.....

your name may come up for consideration, appointment will come only after thorough investigation. In such ways as are ethical the aspirant should establish not only his educational advantages, but also his standing in the community. As his standing can be determined only by his community contacts over a period of time, most companies hesitate to appoint a physician who has lived in a community less than two years.

A local agent may call on you in an emergency when his regular examiner is absent or otherwise unavailable. That gets you on the list of prospective appointments. Some very busy examiners have an assistant or two. To them they turn over the cases they don't want to bother with: the "industrials" which pay only 25 or 50 cents or a dollar at the most, and the ones which mean a climb of four or five flights of stairs or a ten-mile drive out into the country. The chief keeps for himself the five-dollar cases in which he can make the examinations comfortably in his own office or at the applicant's home. But when the inevitable day arrives on which the chief steps out, the assistant naturally steps into his shoes. And that means stepping into a fairly steady income besides your earnings from private practice.

The amount of that income depends altogether on the size of your community and the pro-

ducing capacity of your local agent. Agent A, in a town of 25,000, may write half a million dollars of insurance a year. Agent B, representing a company of equal standing, may do only a tenth of that, either because he is not so good a salesman or because he has other interests which take up his time. So pick your company and your local representative with an eye to the number of applicants the latter is likely to turn up in the course of a month or year.

Your appointment is good only in the locality where you live when appointed. If you move to another town you do not carry your appointment with you. It would not be fair to the examiner already located there. But if you do move and wish to keep up examination work, do not delay to make yourself known to the companies and the agents representing them in your new location. It does not require a very large place to utilize several doctors as examiners for a single company. In a town of 20,000, for example, a certain agent, a good producer, has five doctors on his staff of examiners. Probably nearly every doctor in that town examines for one or more companies; one of them, at least, for six companies. Dr. W., a new man in town, is on the agents' lists as an emergency possibility.

While some examiners stay on as long as 25 years or more, the

## SILVOGON

Even a trial will convince you that this product has three points of excellence.

*Efficacy      Economy      Cleanliness*

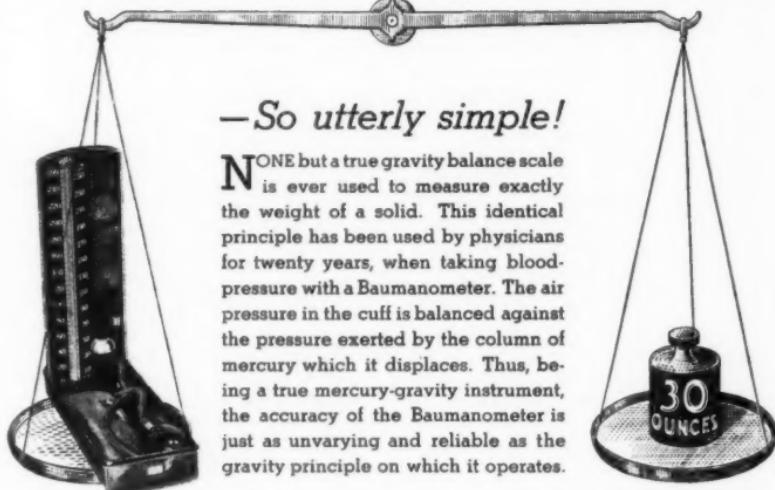
ERNST BISCHOFF COMPANY

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# Accurate AND Portable



*—So utterly simple!*

**N**ONE but a true gravity balance scale is ever used to measure exactly the weight of a solid. This identical principle has been used by physicians for twenty years, when taking blood-pressure with a Baumanometer. The air pressure in the cuff is balanced against the pressure exerted by the column of mercury which it displaces. Thus, being a true mercury-gravity instrument, the accuracy of the Baumanometer is just as unvarying and reliable as the gravity principle on which it operates.

Of great importance also is the matter of functional accuracy — that is, the performance of the instrument when actually in use. The auscultatory method being the universally accepted technique, it is most desirable that the reading column does not oscillate. The Baumanometer mercury column is stabilized and at the same time is thoroughly portable without spilling mercury. There are no stop-cocks or valves to leak and its attractive black scale with large white numerals offers the utmost in legibility.

The Baumanometer case is made of Duralumin, a solid cast metal possessing the strength of steel with the lightness of aluminum. Weighing only 30 ounces complete, the KOMPAK Model conveniently fits any style of bag. The 300 MODEL with a full 300 mm. scale is the ideal instrument for the desk. Both Models carry our exclusive guarantee of scientific accuracy and against glass breakage, and since they are very moderately priced there is no need to deny yourself the possession of a genuine Lifetime Baumanometer.

*Your surgical instrument dealer will gladly send one for your inspection.*



**W. A. BAUM CO. INC. NEW YORK**

SINCE 1916 ORIGINATORS AND MAKERS OF BLOODPRESSURE APPARATUS EXCLUSIVELY

average length of service is around five years. That would indicate a "turnover" of 20% annually among the 25,000 or 30,000 examiners in the country, or 5,000 to 6,000 new appointments every year. The companies, in fact, encourage resignations after five or ten years of service. They prefer to have the examiner use the work as a stepping-stone until he has built up his regular practice, and then make way for others who are getting their start. That gives them the benefit of the latest advances in medical education and keeps their medical staffs constantly abreast of the times.

Once appointed, the physician will usually find himself treated with the utmost fairness by the company. He will not be displaced by some other doctor clamoring for the post or offering to cut prices.

•

Fees have not been reduced by the depression. In fact, until a year or so ago, during the depression, agents were able to bring such arguments to bear in favor of life insurance, and with such success, that many physicians had more examination work to do than before the 1929 crash. It was decidedly acceptable, too, because regular medical practice suffered so severely, as every practitioner knows. For those reasons, doctors, young and old, flocked to the insurance companies seeking appointments. As a consequence, many companies have waiting lists of prospective appointees. This is likely to defer for a time the chances of some who file their applications just now. But the waiting lists

will be exhausted in due time; and in many a town there may be no such list, with all the local doctors either serving or not interested. At all events, now is the time to lay plans.

Agents and companies—and usually the applicants—agree that if you do not have the habit of promptness in attending to business, your appointment will be short-lived. The examiner owes it to the agent, who makes his living by selling accepted risks, to make his examination and report as quickly as possible. Frequently, too, the applicant is as anxious as the agent to have it done immediately.

Besides examining applicants, the insurance doctor will be called upon when the insured suffers accident or disability and puts in a claim for benefits. These will be bedside examinations, requiring the consent of the patient and the attending physician. For them he bills the company in accordance with his regular fees.

Contrary to what might be expected, his insurance work does not necessarily add to the examiner's list of patients for regular medical service. But the work is interesting in itself, while its value to society is gaining both intrinsically and in appreciation. These attributes, coupled with its economic value, have long since justified the statement which Dr. William Brinton made in a lecture delivered to his class of medical students at St. Thomas Hospital, London, in 1863: "It would be difficult to specify any department of your future practice in which the possession of skill will prove more useful to the public and therefore more honourable to yourselves."

## For the Aurotherapy of the ARTHRITIDES

**Hypertrophic — Atrophic — Specific**  
Relieves excruciating pain and reduces swelling, without untoward effects. *Intramuscular.*

*Literature on request.*

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**AUROCEIN**

CHIMOTHERAPEUTIC SPECIALTIES





*A history of  
SATISFACTION  
in millions of cases*



**THEY CONTAIN  
PARAHYDRECIN**

Parahydrecin (anhydro-para-hydroxy-mercuri-meth-cresol), the active ingredient in Norforms, is a powerful, stable, non-toxic antiseptic . . . non-irritating to vaginal mucosa—in a soothing base designed to maintain long internal contact.

**N**ORFORMS have a long and honorable record in the treatment of leucorrhœa, vaginitis and cervicitis as well as in general vaginal hygiene.

They provide an effective germicidal formula in a most convenient form, designed to melt at internal body temperature and maintain prolonged contact with the vaginal mucosa.

*Samples free to physicians upon request.*

**THE NORWICH PHARMACAL COMPANY**  
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**NORFORMS**  
FOR VAGINAL HYGIENE

REMINDER

Ralston Wheat Cereal  
is an ideal food  
for the whole family  
because —

More than any other regular, whole-family cereal sold at popular prices from grocer's shelves . . . Ralston provides richer food value plus a full, wholesome flavor that appeals to children and adults alike.

### WHOLE WHEAT

Ralston is choice whole wheat, with only coarsest bran removed. That, of course, gives it, in abundance, all the body-building, energy-producing elements which make whole wheat one of our most important cereal foods.

### DOUBLE-RICH IN VITAMIN B

Pure wheat germ is added to Ralston in quantities sufficient to make it  $2\frac{1}{2}$  times richer in vitamin B than natural whole wheat. As a director of diets, you will realize the value of such a "double-rich" cereal as an aid to keeping appetites normally eager—promoting growth and general well-being.

### CONVENIENT and ECONOMICAL

Ralston cooks quickly—is all ready to serve as it comes from the pan. Generous servings cost about one-half a cent. For a Research Laboratory Report and samples of "double-rich" Ralston use the coupon below.

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Dept. ME, 103 Checkerboard Square, Saint Louis, Missouri

Please send me a copy of your research Laboratory Report and samples of "double-rich" Ralston Wheat Cereal.

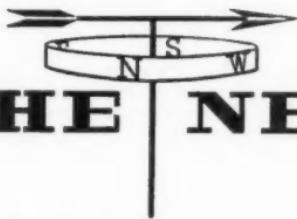
Name \_\_\_\_\_

MD. \_\_\_\_\_

Address \_\_\_\_\_

(This offer limited to residents of the United States)





# THE NEWSVANE

## ★ *England's Driblet*

The trickle of Americans heading for study in British medical schools has become a driblet, according to a recent report of the Association of American Medical Colleges. This body assays, for John Bull, the preparatory work done by the migrating student. In 1930 it passed judgment on the preliminary training of 600 applicants for admission to schools in Great Britain; by 1935 the total had plummeted to 34.

## ★ "True Physician" Reviewed

Plato, more than 2200 years ago, furnished the keynote for a book that was published last month. "Is the physician . . . a healer of the sick, or a maker of money?" he asked, and added, "Remember now, I am speaking of the true physician."

The philosopher's question and cautioning remark occupy, all by themselves, the page that precedes the author's foreword in *The True Physician*\* by Wingate M. Johnson, M.D. Moreover, they are in evidence throughout the book.

As the title suggests, Dr. Johnson has devoted most of his effort to show what goes into the formula that produces the highest type of physician. As he does so his reply to Plato becomes apparent. Summed up, it is this: If a physician looks carefully and continually to the responsibilities, ethics, opportunities, and purposes of his calling, he is a true healer of the sick; and financial reward follows of its own accord.

Not once does Dr. Johnson per-

\*\$1.75. The Macmillan Company, New York.

mit the intangibles in his theme to knock his feet from their firm stance on practical ground. No high-flown and meaningless pane-



WINGATE M. JOHNSON, M.D.  
Replies to Plato.

gyries to the beauty, nobility, and glory of medical art clutter his book. When he sings the praises of medicine, he always introduces an obbligato of brass-tack thumping. He runs a generous gamut, covering the profession's problems from internship to retirement.

The thread of his book runs through choosing a location and type of practice, the routine and business of practice, continuing study, citizenship, contacts with the law, ethical principles, the personal side of the doctor, and the uses of literature in practice, together with a list of recom-

mended books (16 of them) that starts with the Bible and Shakespeare and ends up with a modern medical-theme novel.

Typical of Dr. Johnson's whole book is the presentation of this reading list. He doesn't say "You ought to read these," and let it go at that. He adds a sparkling bit of descriptive comment about each work that leaves no doubt in your mind that you want to read it. Consequently, you're apt to do so and profit thereby. It's the same with his other advice: *Do this; here's why.* He weaves it with happily-chosen anecdotes, quotations, and a sage humor that makes it easy to take.

In an afterword the author declares "My aim in writing this book was not primarily to tell the young doctor how to make money, but rather to give him a conception of what the true physician should be . . .".

There's only one thing wrong with that. Dr. Johnson says that he wrote for the *young* physician. Actually, his book is for any physician who reveres his practice.

### ★ \$400 Worth of *B'rith*

"The court orders that \$400 be paid the parents of the child," said Justice Shientag, of Manhattan's Supreme Court, recently. To Mr. and Mrs. Albert L. Lyman the decision was a disappointment. It fell far short of the \$25,000 for which they had sued. Hyman Bukanz, Jewish mohel (professional circumcisor), who had to shoulder \$100 of the judgment discovered that circumcising a Catholic baby without permission is costly.

The incident that created all this took place in New York's Mount Morris Park Hospital two

years ago. Father Lyman, visiting his wife and new born son, was proud. In a nearby bed lay Mrs. Lippman, equally proud of her new boy. Into the room came Mohel Bukanz regally carrying a baby bedded on a soft pillow. He laid the infant down by Mrs. Lippman and smiled. "It was a very successful *B'rith* [rite of circumcision]," he said with satisfaction. Mr. Lyman, a Catholic, turned around. "Why that's our boy," he wailed. In defense, circumcisor Bukanz pleaded mistaken identity.

### ★ *A Pox on Them*

It is said that anti-vaccinationists are responsible for a recent rumor that Germany has abolished vaccination. Regardless of who is responsible for the report, those who have checked it declare that it must come from a first-class Ananias. The truth is that the German Vaccination Commission, having decided that one immunization is good for only nine or ten years, recently set up a sanitary regime that requires re-vaccination.

From distant Guatemala comes another retort to those who slur Jenner and his dairy-maid experiment. The tiny country was severely pox-ridden for 300 years; was swept by a terrible epidemic during 1879 to 1881. Then came vaccination. Now, even in the midst of rotten sanitary conditions, smallpox is comparatively rare.

### ★ *Prevention of a Pauper*

If tax figures are a yardstick of value, public health services are considered by America to have one-ninth the value of police

## CEANOOTHYN

Alkaloidal Coagulant  
Physiologically Standardized

Samples on request

FLINT, EATON & CO., DECATUR, ILL.

IN

SAFEST—

For Prevention  
For Control

HEMORRHAGE

## The protean manifestations of skin diseases

often blurred by  
previous treatment

[case pictured resisted  
treatment for 2½ years]



frequently baffle even the life long experience of the specialist with his microscope, culture media and other laboratory aids to diagnosis.

**The busy practitioner**, debarred from leisurely diagnosis, is driven by necessity to act quickly and prescribe treatment.

Obviously a polyvalent ointment must be of untold value in these circumstances.

# MAZON

was designed to fulfill this function. It has the widest sphere of application in the treatment of skin diseases and is free from undesirable side action.

### INDICATIONS

ECZEMA  
PSORIASIS  
ALOPECIA  
RING WORM  
DANDRUFF  
ATHLETIC FOOT  
AND OTHER SKIN  
DISORDERS



Complete elimination of Psoriasis shown above  
after 2 months treatment.

NO RECCURRENCE—5 YEARS.

*A distinct departure from other local treatments.*

- READILY ABSORBED
- NON-STAINING
- NON-GREASY
- NO BANDAGING IS REQUIRED
- ANTI-PRURITIC
- ANTI-SEPTIC
- ANTI-PARASITIC

Samples and literature on request

**BELMONT LABORATORIES, Inc.**

4430 Chestnut Street  
Philadelphia, Penna.

protection, one-sixth the importance of public fire service, and less than one-thirtieth the merit of education. Says the National Health Council in a recent release: The U. S. spends 50 cents out of tax money annually for each member of its population to protect him from disease. Even with an additional half dollar per capita, provided by private sources, the total expenditure for prevention is far below the \$2 estimated as the proper minimum.

Annual surveys made by the council from 1930 to 1934 in 27 high-standard cities show a drop during that period of from \$1.65 to \$1.42 for each person's protection against disease. Chief cause of the decrease: a severe drop in private contributions.

### ★ Chiselers Chiseled

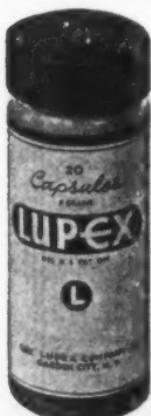
The atmosphere is thickened today with the haze of political harangue for and against the federal administration's choicest measures. New Dealers are pointing proudly at recent news from New York City where dispensary abuse has been curtailed noticeably because 85 regular investigators were joined in their job by 156 WPA workers. According to the metropolis' hospital commissioner, S. S. Goldwater, M.D.,

their combined investigatory effort saved Gotham over \$1,000,000 by turning thumbs down on about 50,000 well-to-do applicants attempting to prey upon facilities established for the poor.

### ★ M.D.'s on Beauty

New exercise for physicians' vocal cords is promised in a ruling recently promulgated by the Board of Health of Wisconsin. Schools of beauty culture in that state must employ an M.D., preferably a dermatologist, to deliver at least one lecture weekly to undergraduate beautifiers. The board is not fooling. Demanded in the ruling is a schedule prepared four months in advance showing at what hours lectures will be given. This schedule is to be posted in the office of the school and a copy mailed to the state board of health at the beginning of each four-month period. Speakers, a casual reader of the law would understand, can be picked and chosen by the school itself. A list of five prospective lecturers shall be submitted to the board of health; one or more of them will be sanctioned for the job.

The mandate implies that out of 600 hours of instruction, 80 should be devoted to listening to a physician describe sanitation,



## for DYSMENORRHEA Prescribe LUPEX Capsules

"Clinical results showed definite or complete relief in 82% of cases treated with Lupex."

**82%**  
RELIEF

LUPEX acts by relieving pain and other symptoms of Dysmenorrhea, and by correcting underlying uterine dysfunction. It is non-habit forming, free from toxic effect, is economical, easy to administer, and simple to adjust to individual requirement.

*Write for samples and literature.*

THE LUPEX COMPANY, INC., GARDEN CITY, LONG ISLAND, N.Y.

# UNGUENTINE

# containing

# Parahydrecin

# UNGUENTINE

# containing

# Parahydrecin

# UNGUENTINE

— a dependable germicide in a soothing, pain-relieving ointment base...for lacerations and skin irritations as well as for **BURNS!**

THE OUTSTANDING antiseptic ingredient in Unguentine is Parahydrecin (*anhydro-para-hydroxy-mercuri-metacresol*)—a stable, non-toxic antiseptic capable of demonstration in dilutions of one to several million, yet non-irritating to tissue in the 1-10,000 concentration actually used. Unguentine, containing Parahydrecin, is effective under the conditions of actual application—in the presence of serum and organic matter—and will not precipitate albumin.

*Sample free to physicians upon request.*

THE NORWICH PHARMACAL COMPANY  
BOX M. E. 24 NORWICH, NEW YORK



# Unguentine

## When ulcers develop in DIABETES



Reports from physicians using UVURSIN are especially enthusiastic in describing its efficacy in healing diabetic ulcers.

The power of UVURSIN to reduce excess sugar in diabetes is attested by the profession's use of a quarter million capsules a month.

You can prove its clinical value to your own satisfaction with our free 27-day trial treatment.

*Mail the coupon today.*

Prepared for prescription purposes only

### ORAL • INNOCUOUS • EFFICACIOUS

John J. Fulton Company, 88 First St.,  
San Francisco, California

Please send me postpaid, free  
27-day quantity of UVURSIN.

Dr. \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

sterilization, use of antiseptics, and the care and treatment of skin and scalp.

As a prepaid reward for all this, the board of health gives beauty culture emporiums a new, high sounding name: Schools of Cosmetic Art. It does not specify the physicians' compensation.

### ★ Riches for Sleep

Tongue-worn is the myth of an ancient ruler who offered his daughter's hand to any clever youth who would slay a pesty dragon. Today, in India, a modified version exists: the tormented plutocrat, a rich Calcutta merchant; the pest, insomnia; the reward, \$10,000.

For two years, the story goes, aged Rai Bahadur Ramjidas Bajoria has remained sleepless. Thus far all suggested cures have proved worthless. Even occultists, astrologers, and hypnotists have had their fling. Finally, in desperation, the hapless Indian advertised recently in a Calcutta newspaper that he offered wealth for sleep. Answers to his plea poured in from the United States, Ireland, England, and Scotland. None of them brought relief—not even one that advised a lettuce diet. Suggestions may be sent in care of the *Star of India*, Calcutta's native paper.

### ★ Lust for Knowledge

Degree-giving without legal privilege resulted recently in a series of convictions for the high muck-a-mucks of several cult schools in New York. Among them naturopathy's nabob, Benedict Lust, president and founder of the American School of Naturopathy, was sentenced to three months for his mistake of conferring N.D.'s and D.C.'s (naturopathic and chiropractic "doctorates") to graduates of his institution. Lust's dean, Sinai Gershon, and clinical director, Mark B. Thompson, got 30 days. Sentences were suspended, but the cultists were ordered to quit

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## When Signs Point to GALL BLADDER



*Dysfunction*

### TAUROCOL BILE SALTS TABLETS

TAUROCOL is a combination of bile salts, extracts of cascara sagrada, phenolphthalein and aromatics and is an agent recognized by the medical profession and widely prescribed for about a quarter of a century.

#### This Reprint is Yours for the asking

A profusely and graphically illustrated article on Gall Stones by A. J. Delario, M.D., may be secured by sending coupon.

It has been authoritatively stated that if a patient is being treated for a condition in which case temperature is of long duration and the patient is refusing food, he should probably be given, three times a day, BILE SALTS.

#### TAUROCOL COMPOUND TABLETS

in combination with  
digestive ferment  
(pepsin, pancreatin,  
extract nux vomica)  
are especially indicated  
for intestinal indi-  
gestion and auto-in-  
toxication.

VERA PERLES of Sandalwood Compound . . .  
another high quality Plessner product.

THE PAUL PLESSNER COMPANY  
3538 Brooklyn Ave., Detroit, Mich. ME 4-36

Please send me:

- Reprint of article on Gall Stones.
- Sample of Taurocol Bile Salts Tablets.
- Sample of Taurocol Comp. Tablets.
- Sample of Vera Perles.

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Address . . . . .

City . . . . . State . . . . .

handing out degrees illegally.

A court investigator, previous to the trial, who posed as an applicant for admission to Lust's institution, was told that for \$250 a year he could become a Doctor of Naturopathy or Doctor of Chiropractic in 27 months. If he wanted both honors (?) he could win them in 36 months. It was explained to him that the only difference between the American School of Naturopathy and recognized medical schools was that the former omitted pharmaceutical training.

### ★ Fund Cons Health

Seventy authorities on public health, medicine, social welfare, and education trooped into the New York Academy of Medicine on March 26 to engage in the fourteenth annual conference of the Milbank Memorial Fund. For two days the group hashed and rehashed current health problems, methods of evaluating pub-

lic health procedures, and population difficulties. Scrupulously avoided in announcements of the fund's conclave was any mention of health insurance. The closest they came to forecasting discussion of the subject that has so often plunged the foundation into hot water was to say that a symposium would be held on "the next steps in public health in the United States."

Missing from the round table was Edgar Sydenstricker, Milbank's scientific director and number-one man on President Roosevelt's committee to study the advisability of including health insurance in the Social Security Act. A cerebral hemorrhage killed him a week before the conference started.

### ★ Morphinophobia

Physicians in their offices, and nuns and nurses in hospitals can be arrested by federal narcotic

# ERGOAPIOL (SMITH)



FORMULA AND DESCRIPTIVE  
LITERATURE ON REQUEST

### A GOOD PRESCRIPTION

Physicians throughout the world prescribe ERGOAPIOL (Smith) in the treatment of *Amenorrhea, Dysmenorrhea, Menorrhagia and Metrorrhagia*.

ERGOAPIOL provides symptomatic benefit by stabilizing uterine tone, regulating innervation and controlling bleeding when present. By its corrective action on perverted menstrual function, it simplifies local gynecological treatment. Valuable in obstetrics during the third stage.

Our ethical protective mark MHS embossed on the inside of each capsule, visible only when capsule is cut in half at seam, affords the physician a ready means of determining whether his prescription has been correctly filled.

**DOSAGE:** One to two capsules three or four times a day, preferably after meals with a glass of milk or water.

Supplied only in packages of twenty capsules each

MARTIN H. SMITH CO ··· 150 LAFAYETTE ST ··· NEW YORK CITY

# WEAK ARCH

**Often the Source of Severe Physical Disturbances in parts of the Body Remote from the Feet**

Pains in the lumbar region; rheumatoid foot and leg pains; tired, aching feet; general fatigue and nervous exhaustion are often directly traceable to weak or fallen arch or flat-foot.

These conditions are especially widespread among industrial workers, salespeople behind counters, barbers, postmen, policemen and others whose work requires long, arduous hours on their feet.

Removing the muscular and ligamentous strain caused by weak or broken down arches almost invariably gives the patient immediate relief.

Wm. M. Scholl, M. D., Chicago, has devoted a lifetime to the study and mechanical relief of foot abnormalities. He has perfected Arch Supports of a wide range, adapted to all types of feet and arch requirements. They are expertly fitted at Shoe and Department stores and at the exclusive Dr. Scholl Foot Comfort Shops in principal cities. *Mail coupon for interesting professional literature.*



*A typical case of incipient weak-foot*



## METATARSALGIA

*Dr. Scholl's Metatarsal Arch Supports relieve pains, cramps, callouses at ball of foot. Adjustable as condition improves. \$3.50 pair up.*



## ACHING FEET

*Dr. Scholl's Arch Binder relieves burning, aching, tired feeling in feet and legs; holds bones in position. \$1 pair.*



## BUNIONS

*Dr. Scholl's Bunion Reducer of soft rubber, relieves pain; hides bulge, keeps shape of shoes. 50¢.*



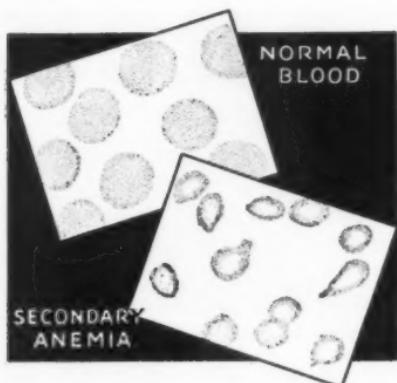
By means of this ingenious device—*Dr. Scholl's Arch Fitter*—the Supports are accurately molded to the patient's requirements, after which they are progressively raised until the arch structure is restored to normal. The Supports may then be discarded.

# Dr. Scholl's Foot Comfort ARCH SUPPORTS

THE SCHOLL MFG. CO., Inc., 213 West Schiller Street, Chicago, Ill.

Gentlemen: Please send me your literature especially written for the Physician.

Name \_\_\_\_\_ M. D. Address \_\_\_\_\_ (6)



## For Secondary Anemia

# GUDE'S Pepto-Mangan

GUDE'S PEPTO-MANGAN is a neutral organic solution of true peptonate of manganese and iron. It stimulates appetite and helps increase hemoglobin in the blood, making it rich and red. Very palatable.

Liquid and  
tablet form.

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Samples and  
further information  
gladly sent upon  
receipt of your  
professional card.

●



**M. J. BREITENBACH CO.**  
160 Varick Street, New York, N. Y.

agents for selling morphine when they administer it by hypodermic needle in the state of Washington. At least that's the way a number of physicians interpret a recent court decision. Judge John C. Bowen in the recent case of the United States vs. Ratigan, is said to have ruled that when morphine is needled into a patient's arm by his physician it constitutes a sale of the drug and that the patient involved is not a patient but a buyer. Washington physicians, while not unduly alarmed, are hoping for an authoritative opinion about the possible outcome of the decision. None of them wants to be haled to justice as a dope peddler.

### ★ Wives as Prodders

With a statement that the life of a physician is shorter than that of any other professional man because of the strain of his work and the vacations he doesn't take, John L. Rice, M.D., health commissioner of New York City, made the women's auxiliary of the Kings County Medical Society sit up and take notice. He advised the ladies to see that their husbands don't put long-unused trout rods back in a dusty cupboard, sigh, and mutter "too busy."

"You have the power to make your husbands take a vacation," he assured them.

### ★ Paid to Die, He Lives

During the early years of the World War, ailing Balthazar Balmint called at a London hospital. Physicians became excited when diagnosis disclosed that he was victim to no ordinary ailment. Balmint, tests proved, had a rare bone disease, quickly fatal. The hospital, on the alert for a specimen, bargained with him for his corpse; and finally settled on paying him £1 a week as long as he lived, with a final payment of £7 to his heirs when he died.

Balthazar Balmint, aided by a mistaken diagnosis, out-bartered

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SURGICAL **BAY'S** DRESSINGS



**F**OR twelve years BAY'S Readi-Pads have been giving you more threads to the square inch; greater absorbency and greater strength. Each pad is machine-folded, edges turned in, individually wrapped and steam sterilized after sealing. Buy them from your surgical dealer.

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BRIDGEPORT, CONNECTICUT  
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THE BAY COMPANY, Bridgeport, Conn.

Gentlemen: Kindly send me a free sample of BAY'S Readi-Pads.

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Street and Number .....  
City ..... State .....  
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XUM

the hospital. According to latest reports he's still very much alive, and in receipt of \$1,200 from the hospital.

### ★ Now They're Paid

Greenwood County, Kansas, is congratulating itself on its apparently successful solution of a knotty problem—payment to its M.D.'s for their care of the indigent sick. Last December, physicians, dentists, and pharmacists met with the county commissioners and organized the Greenwood County M.D.'s Society for Indigent Care. Previously, one doctor had been paid to care for all the poor of the county. It was an impossible job for one man, and other M.D.'s who helped out had to whistle for their fees.

Under the current arrangement, the county contracts with individual members of the new society who agree to treat the poverty-stricken in return for a

proportionate share of an amount paid to the society each month. The sum agreed upon is \$1,350 and represents 25% less than the average monthly cost to the county for the care of its indigents during the past three years. Drug bills and hospitals are paid out of it before physicians are.

Thus far 11 out of the county's 14 M.D.'s have participated. They agree that their respective income from the plan, although small (average: \$55 a month), is far better than the usual nothing they used to receive for their services to the poverty-stricken. As far as the county is concerned, it will pay out \$16,200 this year as against \$22,286 during 1935.

### ★ 14 Years in 10 Months

With 62,500 subscribers as its first-year goal, the London Hospital Saving Association, a semi-



No laity advertising. No feeding directions given except to physicians. For free samples and literature please send your professional blank to

The only available product made from milk only which, when liquefied, results in formulas approximating human milk in percentages of milk fat, milk protein, milk sugar and minerals (ash).

**NESTLE'S MILK PRODUCTS, Inc.**

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155 EAST 44th ST., NEW YORK, N. Y.

# NORMAL PERISTALSIS STIMULATED BY DISTENTION

PERISTALSIS IN COLON POUCH OF DOG  
BEFORE INGESTION OF MUCILOSE

TIME IN MINUTES

1. Kymographic tracing showing contractions without Mucilose.

2. Contractions 24 hours after feeding with Mucilose.

HYPERTERSTALSIS IN COLON POUCH OF DOG  
24 HOURS AFTER INGESTION OF MUCILOSE

Dog #296  
12-18-35

TIME IN MINUTES

- The ideal therapeutic agent for correcting constipation by non-irritating, physiologic distention is now provided in Mucilose.

Mucilose is a hemicellulose obtained from the *plantago loeflingii*. Supplies bland, non-irritating bulk without leakage, without impairing digestion.

*Effective... Easy to Take... Economical*

**FREDERICK STEARNS & COMPANY**  
DETROIT NEW YORK KANSAS CITY SAN FRANCISCO  
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FREDERICK STEARNS & COMPANY, Detroit, Michigan

Dept. M.E. 4

Please send me a supply of Mucilose for clinical test.

Dr. .... Address ....

City ..... State .....

charitable plan for hospital care, started operation fourteen years ago. New York's three-cents-a-day plan for hospital care, which is self-supporting, topped that figure on March 16, at the end of its tenth month, Frank Van Dyk, its executive director, announced last month.

Beginning to feel full-grown, Manhattan's Associated Hospital Service conned its records recently; saw that emergencies have hospitalized subscribers in 12 states other than those wherein its 174 member hospitals are located; that its first patient (see MEDICAL ECONOMICS, August, 1935, page 29) was a department store salesgirl, its 2,000th, an accountant; that one member spent 112 days in a hospital before being sent home.

The three-cents-a-day plan does not include medical services. Subscribers are required to make their own financial arrangements with their doctor.

### ★ Sunshine by the Can

And now comes Vitamin D in a form that will appeal to father. Bending an elbow over his favorite bar and calling "One up" will get him his quota of sun rays even if he can't afford Florida.

The Jos. Schlitz Brewing Company of Milwaukee claims it has succeeded where other food manufacturing companies have failed, and that each bottle or can of their Sunshine Vitamin D Beer imprisons 100 U.S.P.X units of vitamin D by biological assay.

### ★ Rich Uncle

Chances are better than in 1934 that the next patient who enters a physician's office is receiving part of his income from the government. Figures released by the WPA last month indicate that relief cases during 1935 averaged 4,681,828, a digit bounce of 356,875 over 1934. This horde was paid \$1,826,806,008 of gov-

## Doctors Enthusiastic About These E & A SPECIALTIES

Many of our friends in the medical profession have written us of the satisfactory results they have had with Iodotone and Phosphorcin and we recommend to physicians these E & A specialties as products of the highest quality.

**IODOTONE**—a glycerole of hydrogen iodide especially efficacious for severe coughs and other respiratory ailments. Dr. R. writes—"I should collect a royalty for the many times I prescribe Iodotone. It is mighty effective in most bronchial affections and is by far the best way of administering Iodine internally."

**PHOSPHORCIN**—a reconstructive tonic, which may be given over a lengthy period without causing gastric disturbance, as it contains neither sugar or alcohol. Dr. J. A. writes—"I have used Phosphorcin with really remarkable results in a number of cases of nerve exhaustion."

*Literature free upon request.*

Established  
1851

**EIMER & AMEND**

Incorporated  
1897

1887 THIRD AVE., 18TH TO 19TH STS., NEW YORK



## When Acidosis Complicates Disease

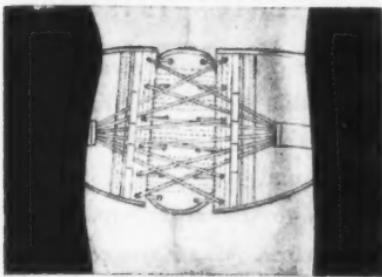
Supporting the alkali reserve has become a routine measure in diseases characterized by acidosis. For this purpose, Alka-Zane is extensively used because it supplies the four bases of which the reserve is essentially composed: sodium, potassium, calcium, magnesium. These are made available to the organism in the form of carbonates, citrates and phosphates. Alka-Zane contains no tartrates, lactates, or sulphates, and no sodium chloride. It is a convenient and efficient way to prescribe alkalizing medication that is palatable and easy to take.

*Alka-Zane is supplied in 1½, 4 and 8 ounce bottles.*

*Trial supply sent on request.*

# ALKA-ZANE

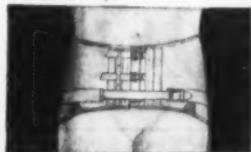
WILLIAM R. WARNER & CO., Inc., 113 West 18th St., New York City



## SACRO-ILIAC

The improved JIFFY Sacro-Iliac Supporter is recognized as the most efficient appliance ever devised for the relief and support of Sacro-Iliac subluxation. A pull of the adjustable lace straps gives a corrective, comfortable pressure in the region of the sacrum and brings immediate relief. Fitted with either corset steel or slide buckle front. With thigh straps for men. With garters for women. If your dealer does not have the Improved JIFFY Sacro-Iliac Supporter, address James R. Kendrick Co., Inc., 6139 Germantown Ave., Philadelphia, or 76 Madison Ave., New York City.

Careful design and construction of the JIFFY Sacro-Iliac Supporter allows Nature to work undisturbed to effect a cure.



ernment money; \$350,238,067 more than in 1934. Of these billions the U. S. paid \$1,360,330,185; state and local governments put up the balance.

Work-relief employes, plus a swollen regular payroll, cost the federal government over \$11,000,000 a day. One out of three citizens received checks either directly or indirectly (when employed in the manufacture of materials bought for federal projects). Biggest on the pay list are 1,000,000 pensioners; 3,500,000 war-bonus beneficiaries.

### ★ Sheboygan Stop-cock

One hundred members of the American Legion die each day. Their buddies in Sheboygan, Wisconsin are doing something about it.

A letter sent to every legionnaire in the county last month told them of the death rate in their ranks, blamed much of it on negligence, and argued that annual physical examinations not only are of great health value to middle-aged veterans but also provide valuable records for them for future compensation claims. Enclosed was a set of report blanks for the legionnaire and his physician to fill out and return for safekeeping in headquarters' files.

Physicians in Sheboygan and elsewhere wait expectantly for ex-soldiers to file in for a once-over.

[Turn the page]

### RELIEF in HYPERTENSION

FOR quick, sustained lowering of blood-pressure, Hepvisc, the synergistic combination of three valuable hypotensive agents has been found effective. Also relieves hypertensive headache and dizziness.

Samples on Request. Dose 3-6 tablets daily before meals.

Anglo-French Drug Co. (U.S.A.) Inc.  
1270 Broadway, New York, N. Y.

**HEPVISIC**

May we  
send you a  
professional size  
sample of  
this fine  
liniment?

**A**BSORBINE JR. has held the esteem of the medical profession for more than forty years. Only real merit could earn such a record. It is on the basis of this merit that we respectfully desire to send you a professional sample of this fine liniment. It is unusually effective in helping to relieve pain whenever massage is indicated. It never blisters. It is

made of the finest ingredients and has been tested frequently by laboratories and physicians. And we believe that once you have used it yourself you will be glad to suggest it to your patients. If you will let us have your professional card, we will send you a bottle at no obligation to you whatever.

W. F. YOUNG, Inc., 207 Lyman Street, Springfield, Mass.

## ABSORBINE JR.

**REMEMBER** for more than forty years Absorbine Jr. has helped relieve sore muscles, muscular aches, bruises, sprains, Athlete's Foot.



### ★ Publicity Issue

While the mercy-slayings issue was blazing in newspapers throughout the country, an inquiring reporter, searching for human interest copy, approached a few celebrities at the recent Postgraduate Medical Assembly in Houston, Texas, to sound out their attitude on euthanasia. Immediately afterwards, to the consternation of the executive members of the assembly, newspapers blossomed with feature articles quoting the men who had expressed their opinions.

The reporter, a traitor to his calling, had capitalized liberally on what his informants said, throwing in an ample amount of editorial comment for good measure.

In a neighboring city the Catholic Diocese met and condemned the "attitude of the assembly." A lengthy telegram addressed to E. W. Bertner, M.D., president of

the study group, and signed by the religious organization, demanded that the assembly go on record as condemning slaughter for mercy's sake. Dr. Bertner retorted that the assembly could not be responsible for the private opinions of its visitors or members.

[For ways to avoid publicity mix-ups, see MEDICAL ECONOMICS, January, page 73; February, page 30.—ED.]

### ★ Pre-Rural Practice

Twenty-one University of Vermont medical seniors recently packed their bags and headed for small town doctors' offices, state institutions, and hospitals. Each settled with an experienced physician to begin to see what actual practice is like. Believing that future physicians will get more from their studies when they actually experience conditions under which their future

## Authorities Suggest a 25 AMPUL COURSE

# SULISOCOL

Reg. U. S. Pat. Off.  
Colloidal Sulphur Isotonic U. S. Pat. 1,980,236

## FOR ARTHRITIS THERAPY

The suggested course of arthritis therapy with Sulisocol requires 25 Hyposols (ampuls), of 2 cc (20 Mgms.) each for maximum results.

According to reports, less than this amount may fall short of adequate sulphur replacement and detoxification; more is sometimes needed.

By planning sulphur treatments on this basis, you will assure satisfactory results. Most important—Use a prod-

uct of known concentration and established activity.

Hyposols Sulisocol is the only colloidal sulphur in sterile aqueous clear autoisotonic solution with characteristic color of sulphur. It is the only one which may be safely used either intravenously or intramuscularly and is rarely followed by pain or reactions. Sulisocol is supplied in Hyposols (ampuls) of 1 cc, containing 10 Mgms., and 2 cc, containing 20 Mgms., packed in boxes of 25 Hyposols.

SEND for your copy of the revised edition of the booklet "Colloidal Sulphur in Chronic Arthritis and Allied Conditions", with abstracts from recent literature.

**The Drug Products Co., Inc.**

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Long Island City,  
New York

Makers of Hyposols  
Man-Na-Glucuronate, Hy-  
posols Ca-Malacol, Pu-  
lyvoids Digitalis Foliolum,  
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THE DRUG PRODUCTS CO., INC.

26-35 Skillman Avenue, Long Island City, N. Y.

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Please send revised edition of "Colloidal Sulphur in Chronic Arthritis and Allied Conditions" and abstract of recent article on Sulisocol, M.D.

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## SAFE WEANING to BOTTLE FEEDING



*The Baby Regulates  
Breast Feeding*



*The Doctor Regulates  
Bottle Feeding*

INFANTS should be weaned from the breast at eight months. The season of the year is immaterial with modern knowledge of nutrition and hygiene. Gradual weaning is desirable. It is accomplished by progressively increasing the number of bottle feedings in substitution for the breast feedings.

The formula consists of 6 ounces milk, 2 ounces water, 2 teaspoons Karo for each bottle—one the first week; two the second, etc. The schedule for additional foods remains the same as during nursing. But babies unaccustomed to the bottle often refuse it as long as the breast is available. Then abrupt weaning becomes necessary, some person other than the mother giving the feedings.

The formula in abrupt weaning prepared for the entire day consists of 24 ounces milk, 8 ounces water, 3 tablespoons Karo, divided into 4

Feeding	1st Week	2nd Week	3rd Week	4th Week
6:00 A.M.	Breast	Breast	Breast	Bottle
10:00 A.M.	Breast	Breast	Bottle	Bottle
2:00 P.M.	Breast	Bottle	Bottle	Bottle
6:00 P.M.	Bottle	Bottle	Bottle	Bottle

feedings, 8 ounces each, at 4 hour intervals. The formula can be concentrated once the baby is adjusted to the bottle feeding.

Karo is a mixture of dextrins, maltose and dextrose (with a small percentage of sucrose added for flavor) practically free from protein, starch and minerals. Karo is a non-allergic carbohydrate, not readily fermentable, well tolerated, readily digested, effectively utilized and economical for both the baby and the budget.



Corn Products Consulting Service for Physicians is available for further clinical information regarding Karo. Please Address: Corn Products Sales Company, Dept. E-4, 17 Battery Place, New York City.



## Gripeless Laxative

Evac-U-Gen tablets are not just an EASY LAXATIVE; they are an augmented laxative. The formula includes with Phenolphthalein, Sodium Salicylate  $\frac{1}{4}$  gr., Bismuth Subcarbonate  $\frac{1}{2}$  gr., Bismuth Subgallate  $\frac{1}{2}$  gr. and Saccharin in a specially prepared Aromatic Lactose Sucrose Base; approx.

### Do not Depress

### Non Habit Forming

Results 8 to 10 Hours

Specific for Constipation

Ideal for Pregnant Cases

Safe for Nursing Mothers

No Danger from Overdosage

Increase Normal Secretions

No After-Constipation Tendency

Normal Stool for Hemorrhoidals

Dose: One or two tablets at night or morning. Children one-half to one tablet according to age. To be chewed.

**WALKER, CORP & CO., Inc.**  
SYRACUSE, NEW YORK

Please send me a sample of Evac-U-Gen.

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Dept. 4



work will be done, the Vermont school has established this practice as a part of its regular course.

The expected end result is that fewer Vermont medical graduates will become researchers and specialists; that more of them will turn out to be solid practitioners of general medicine and surgery—the answer to a growing need in rural districts.

### ★ Captain of His Soul

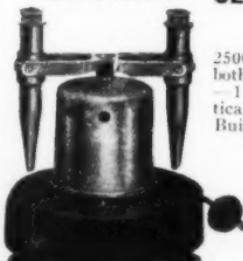
That a doctor's personal, religious, and political views in no way detract from his professional usefulness, even in a political job, was vindicated last month when Charles A. Fama, M.D., collected \$1,045. New York City's board of estimate had to pay it to him. He had earned it as a member of the medical board of the City Employee's Retirement Fund. Appointed to the job by Mayor La Guardia in May, 1934, he quickly became a minor storm center in the city government.

Having changed his habitat and allegiance from Italy to the United States at the age of 8, he also switched from Catholicism to Protestantism at 18. New York Catholic groups, remembering unflattering things he had written and said about their religion, rushed to protest Dr. Fama's appointment. They claimed that since he was one of three members of the medical board, his could be the deciding

ADAMS JUNIOR

**CENTRIFUGE**

**\$20.00**



2500 R.P.M. for both AC and DC—110 volts. Practically Noiseless. Built-in 5 speed rheostat. Send for Catalog showing also other higher priced models.

CLAY-ADAMS CO., 25 E. 26th St., New York

## Interesting test for cigarette mildness

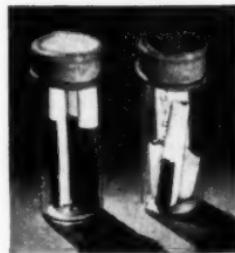
IT is an interesting fact that most people in experiencing tongue-bite react consistently to a given brand of cigarette. In fact, this reaction is so reliable that a routine tongue-bite test has been developed which has proven highly accurate as a measure of mildness in a cigarette.

In this test, cigarettes of standard moisture content and unknown brand (the names being obscured with a wide stripe of pure carbon ink) are "chain-smoked" by lighting each cigarette with the glowing butt of the one preceding, until some distaste or discomfort causes the smoker to stop.

The accompanying table gives the results of a long series of these tests with 30 persons, and embracing seven popular brands of cigarettes. They are listed from top to bottom in the order of their mildness (figures show the millimeters smoked before some disagreeable sensation causes the smoker to stop).

Cigarette	A	B	C	D	E	F	G
Millimeters Smoked	143	134	129	116	113	109	104

Cigarette A was Spud. The Spud brand gets its mildness from the fact that it *keeps smoke temperature low*—through the use of a minute quantity of menthol applied by a special process so that it does not interfere with the smoker's enjoyment of fine tobaccos.



# SPUD

MENTHOL-COOLED

**CIGARETTES**

CORK TIP OR PLAIN

20 FOR 15<sup>c</sup>

THE JAXTON-FISHER TOBACCO CO., INC., LOUISVILLE, KY.

vote. Pressure was brought to bear on Catholic politicians. Attempts were made to terminate his appointment, and the board of estimate put it up to the mayor. But La Guardia stuck to his man.

Frustrated religious fervor raged and, in June, 1934, succeeded in bringing Dr. Fama before a special investigatory committee appointed by the board of aldermen. He was grilled concerning his religious tolerance for more than four hours. "A typical Spanish Inquisition," he later accused. The board voted unanimously for his dismissal. Again the mayor was adamant; decided that Dr. Fama was professionally qualified for the job, that his personal views on religion or anything else did not affect his ability.

The physician's victory was complete when Supreme Court Justice Lloyd Church granted

him a mandamus to compel the city to pay him his back fees. The board of estimate had refused to do so because, unable to oust him, it felt that it should not approve his fitness by honoring his bill.

P. S. Dr. Fama still has the job.

### ★ Ross-Loos Outcome

That slip-shod discipline has no place in organized medicine was made clear recently to the medical societies of California and Los Angeles county. Summarily, in 1934, they snatched membership from Drs. Donald Ross and H. Clifford Loos; did so because they considered that the activities of the clinic\* operated by these two were unethical.

The expelled physicians appealed to the A.M.A., which

\*See January MEDICAL ECONOMICS, page 43, for a detailed description.

## BODYSCOPE

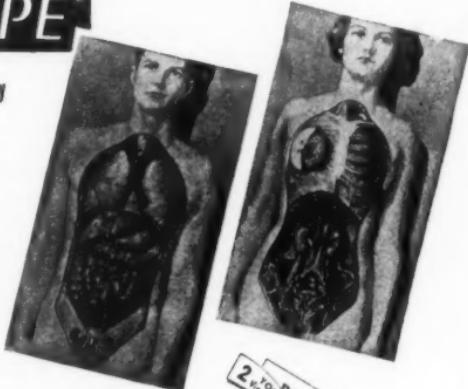
### Human Physiology and Anatomy —At a Glance

Bodyscope is an authoritative, accurate, inexpensive reference work—an instant consultant, illustrating in natural colors the entire anatomy and physiology of both the male and female bodies, with their organs and systems. Simple to operate—just a turn of the dial brings the view you desire. Over 80 detailed anatomical illustrations, and 20,000 words of reference text.

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PICTORIAL CLINICAL REPORTS  
SHOWING RAPID HEALING OF BURNS AND SKIN IRRITATIONS  
WITH  
**GADOMENT**  
(PATCH)  
**OINTMENT OF COD LIVER OIL**



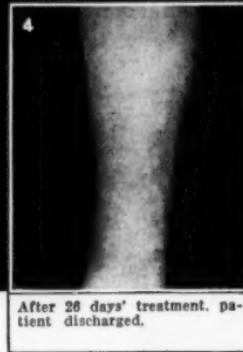
No improvement after tannic acid and picric acid dressings.



Marked improvement after one application of Gadoment Ointment.



After five Gadoment applications, good granulation over entire area.



After 26 days' treatment, patient discharged.

Write for clinical sample of Gadoment  
and literature

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THERAPY**

**IN ACUTE OR CHRONIC  
INFLAMMATIONS OF THE  
UROGENITAL TRACT**

In Gonorrhœa, Cystitis, Vesical Catarrh, Prostatitis, Urethritis, Pyuria, Pyelitis, Pyelonephritis, prescribe

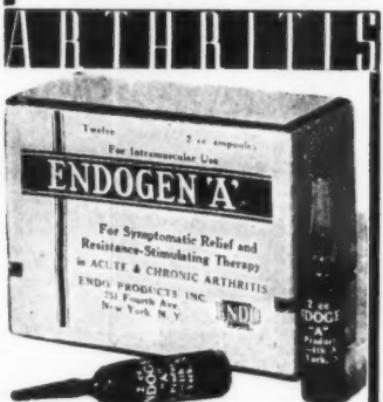
**ARHEOL  
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Arheol is the purified active principle of East Indian Sandalwood oil, freed from the therapeutically inert and irritating substances found in the crude oil—a chemically pure, standardized preparation with which uniform results with identical doses may be expected.

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**for INTRAGLUTEAL ADMINISTRATION—**  
Endogen "A" combines a leucocyte-increasing sulphur compound with a standardized non-specific protein for the more successful treatment of arthritis. Pain usually disappears after first or second injection.

**Supplied in 2 cc ampoules**  
Packages of 12 and 25  
Send for literature

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395 Fourth Avenue, New York

turned the matter over to its judicial council. This body, because of constitutional provisions, could not decide the guilt or innocence of the appellants. It confined itself to consideration of the manner in which they had been rubbed from their society's rosters. It concluded that Drs. Ross and Loos had not been given a fair trial; had not been permitted to defend themselves properly; and had been expelled for reasons not made clear in the charges against them. The societies were ordered to reinstate them.

A number of observers qualified to do so have expressed the hope that the next time the societies swing into disciplinary action they will follow the procedure ordered in their by-laws.

**★ Eye-men's Guard Up**

It started in South Carolina last year, continues now in New York, and gives signs of spreading to other states—an effort by non-professional eye doctors to promote legislation that, once passed, would force ophthalmologists to dispense for themselves or send their patients to optometrists.

The consequences were described last month by the Guild of Prescription Opticians of America, Inc. It pointed out that, under the proposed law, an eye physician would have to become an optician himself with a workshop, fitting-room, a large stock

**R<sub>3</sub> OLIODIN**  $\Sigma$   
Iodized Oil Comp. (DeLeoton)

For Colds, Nose and Throat Conditions.

**R<sub>3</sub> OPHTHALMIC SOLUTION**

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For the Eyes (Conjunctivitis, etc.)

Samples and literature on request.

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# Off to a fine start . . . THIS CLAPP-FED BABY



**Gregory at 4 months** has a varied diet. At 6 months Clapp's strained fruits and Clapp's Beef Broth were added to his menu. His health progress is all that a healthy baby's should be.

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WESTFIELD, N. J.**

**Gregory at 4 months** has just been promoted to his first solid food—Clapp's Strained Wheat-heart Cereal. At 5 months he'll be introduced to all six kinds of Clapp's strained vegetables one by one.



**Gregory at 12 months** salutes a pleasant world. At 11 months Clapp's Liver Soup supplemented his other foods. He's made a steady gain in weight and height.

**Not too thick—not too thin**—Clapp's strained foods have just the texture babies need for their first solid food. Uniformly smooth. 16 varieties—soups, vegetables, fruits and cereal.

**FREE**—a comprehensive booklet of recent findings on Infant Feeding. Address Harold H. Clapp, Inc., Dept. 512, 1328 University Ave., Rochester, N. Y.

**CLAPP'S** ORIGINAL BABY SOUPS AND VEGETABLES

of supplies and equipment, etc.; or deliver his patients into the hands of a man who competes with him in refraction work, openly decries the use of cyclopegic, and belittles the ophthalmological specialty.

By telephone and telegraph, eye specialists in New York have been requesting their legislators to quash any such statute.

### ★ Cheap Helium

Physicians, unlike government lighter-than-air craft for which low-cost helium is supplied by the United States Bureau of Mines, are curbed in the use of the gas for asthma treatments by the high prices set by private manufacturers.

Acting on requests from medical men that the government open its supply to physicians, Congress recently authorized the Department of the Interior to provide doctors and hospitals with the gas at the cost of federal

manufacture. This order defines a general department provision which provided for the annual sale of 5,000,000 cubic feet of helium "for scientific and research purposes." Distribution, subject to the regulation of the United States Public Health Service, will be effective July 1.

Influential in the passage of the provision was Alvan L. Barach, M.D., of New York, whose letter to Surgeon General Hugh S. Cumming, suggesting that the government release cheap helium was read before the House of Representatives. Citing the work done by himself and Walter M. Boothby, M.D., at the Mayo Clinic, Doctor Barach said, in part, "Investigation has shown the therapeutic value of helium... I hope that you will make it possible for it to be procured by patients at a cost comparable to that which the government pays for the filling of dirigibles."

[Turn the page]

## Assured Nutrients for Convalescents and soft diet Patients

THE importance of adequate nutrient values in the diet of those whose vigor has been sapped by illness cannot be over-emphasized. When you recommend strained foods, you do so in the hope that your patient will get the best in these health-giving values—the wholesome goodness of garden-fresh ingredients picked at their prime—cooked with care—sealed fresh in shining tins.

The Seal of Acceptance of the American Medical Association Committee on foods is your assurance of the truthfulness of the claims of high quality and nutrient value for Heinz Strained Foods. And another sterling mark of *extra* goodness is the famous Heinz 57 Seal of Quality.

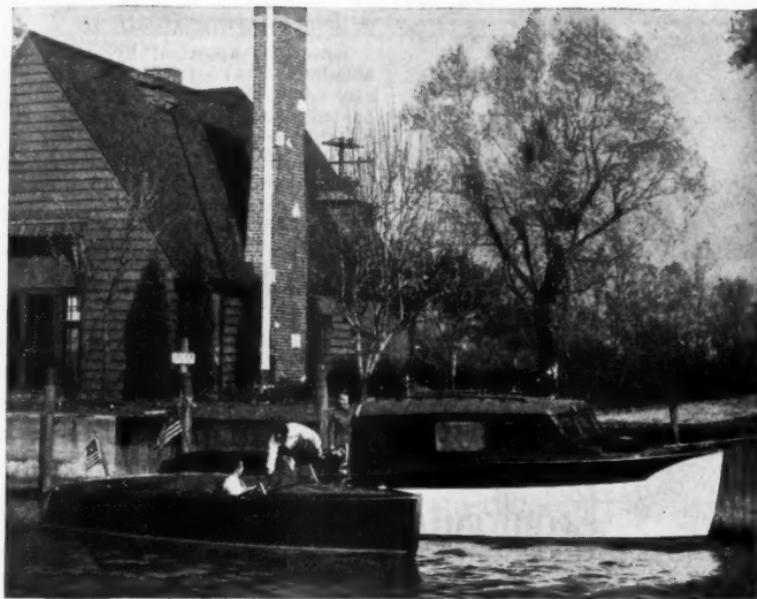
The consistency of Heinz Strained Foods makes them easily digestible. They are widely recommended for infant feeding. For invalids—dissatisfied with restricted diets—the delicious flavor and nourishing goodness of Heinz Strained Foods bring renewed enjoyment to eating. Remember, your recommendation of Heinz Strained Foods is backed by the Seal of Acceptance. Don't hesitate to suggest them—by name!



### HEINZ STRAINED FOODS

10 KINDS—1. Strained Vegetable Soup. 2. Green Beans.  
3. Spinach. 4. Carrots. 5. Beets. 6. Peas. 7. Prunes.  
8. Cereal. 9. Apricots and Apple Sauce. 10. Tomatoes.





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Three factors which greatly aid bowel elimination are bulk, lubrication and bowel motility.

These three can be accomplished without chemical irritants or roughage, by the use of

### KABA

Kaba presents the solidified, purified sap of the Kabaya tree (bassorin), which provides inert, non-irritant bulk and lubrication by absorption of nearly 20 times its weight in water. The "bowel energizing" vitamin B content of Kaba assists in producing motility.

### MAIL COUPON TODAY

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Battle Creek, Michigan

Send me, without obligation, literature and trial tin of Kaba.

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### ★ Discounting Death at 7%

America, appalled by its 1935 accident total of 100,000 deaths and 9,000,000 injuries, has decided to take steps. A conference in Washington, instigated by President Roosevelt and presided over by Secretary of Commerce Roper, was attended recently by some 500 representatives of state and municipal governments, transportation companies, civic organizations, insurance companies, industries, the Red Cross, and various social-minded agencies. Mr. Roper assured delegates that the government would back their fight against accidents until the rising toll was put into a decline.

Most publicized accident-reduction activity is the motor safety drive. A five-year plan for cutting down highway horrors is in full swing, backed by the National Safety Council. The goal: to reduce automobile deaths and injuries by 7% a year, 35% by 1940.

### ★ O.A.R.P. Probe

The Twentieth Century Fund, Inc., has appointed a special committee to take Dr. Francis Edward Townsend's O. A. R. P. plan apart, see the wheels go 'round, and then report to the public "with recommendations for action."

Evans Clark, executive director of the fund, will have among his fellow-probers Lucius Eastman, member of the executive

## B O I L S ?

Substitute oral treatment with STANNOXYL for the lance.

- Advantages: Simple, effective, safe. Relieves pain swiftly. Complete healing without a scar in 8-10 days. Dose 4-8 tablets daily.

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Kidney to Meatus*

# Sanmetto

In Acute Infections of the Urinary Tract, administration of SANMETTO controls the pain and the discomfort caused by the inflamed tissues.

This prompt and continued soothing effect will appreciably relieve the symptoms so distressing to your patients with Acute Cystitis, Pyelitis, Urethritis or Prostatitis.

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committee of the United States Chamber of Commerce; Edith Abbott, dean of the School of Social Service Administration at the University of Chicago; John B. Andrews, director of the American Association for Labor Legislation; Frank P. Graham, president of the University of North Carolina; Helen Hall, head of the Henry Street Settlement (a charity group); and M. Albert Linton, president of the Provident Mutual Life Insurance Company.

Says Mr. Clark, "The make-up of the special committee is a guarantee that it will approach its task with sympathetic understanding..."

### ★ Eve Is Bloodthirstiest

Most outspoken among anti-vivisectionists are the females. Their lachrymose letters often find their way into the press.

Many who read such messages get the impression that those who write them don't care how many children die as long as a few dogs live.

On the other hand, a recent magazine article reports that, among visitors to a meat packing plant in Chicago, women outnumber men two to one in their desire to witness the butchery of live steers and hogs. Men wait outside.

### ★ Warts Waved Away

Christian Scientists and other faith healers are pointing a self-satisfied finger at Dr. Morris Fishbein, whose *Journal A.M.A.* recently supported the old belief that warts can be removed by mental suggestion. Particularly interesting to these healers is one recited case in which cure of warts was effected by a wave of the hand after medical and surgical technic had failed.

## for *EFFECTIVE* iodine therapy prescribe *SYRUPUS ACIDI HYDRIODICI* *GARDNER'S*

By specifying *Gardner's* in original 4 and 8 ounce bottles you prevent substitution and insure dispensing of the genuine product—"The first stable preparation of Syrup of Hydriodic Acid" today known by most of the physicians throughout the world.

Each fluid ounce contains 6.66 grains of pure, re-sublimed iodine. It is palatable, acid in reaction and assures the constitutional effect of iodine without causing gastric irritation.

*Indications include:* influenza, common colds, pneumonia, bronchitis, laryngitis, pharyngitis, goiter, syphilis, glandular enlargements, all cases requiring the internal administration of iodine.

*Only advertised to the profession.  
Samples and literature sent on request.*

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VEGETABLES  
CAN BE NO BETTER  
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# Gerber's

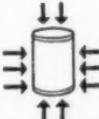
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where food nearest the outside of the can gets too much heat and the inside gets too little.



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**SHAKER-COOKING AN ADDED PROTECTION** — Our closed system of cooking prevents loss of vitamins. We remove moisture by vacuum evaporation to retain the minerals. In addition, Gerber Strained Foods are Shaker-Cooked — the exclusive Gerber process that insures finer flavor, better appearance, uniform cooking and proper sterilization without overcooking. We welcome comments or questions from the medical profession. Samples on request.

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*Effervescence* — secures quick absorption, quicker effect, less danger of gastric upset.

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# LITERATURE AND SAMPLES



**(D1) REDUCING DIET:** This 8-page booklet on the "Banana and Skimmed Milk Reducing Diet" presents a means of treating overweight patients. It is based on a study published in the Journal of the American Medical Association and has been prepared in collaboration with leading nutritionists. Included in its pages are a description of the first and second stages of the diet; daily exercise; results to be expected; information on the doctor's supervision; sample menus; and additional ways to use bananas in the diet.

**(D2) CONSTIPATION:** The makers of Metamucil bring this product to your attention as a new, physiologic, corrective treatment for spastic, atonic constipation. It is a purified and concentrated vegetable mucilloid made from the seed of *plantago ovata* and held in dispersion with a specially prepared milk powder. The action of Metamucil is said to avoid adsorbing and depleting the system of oil-soluble vitamins. A clinical sample and literature are available.

**(D3) HYPERTENSION AND DEBILITY:** In addition to its use as a tonic, the makers of Bells' Garlic Extract say that it is especially indicated as a reducer of blood pressure or as a vermifuge. The odorless feature is stressed. A liberal sample of the extract is yours for the asking.

**(D4) NASAL INFECTIONS:** Pressule's Ephedrine Compound Squibb is especially indicated in the treatment of nasal infections, congestion accompanying coryza, hay fever and asthma, acute sinusitis, or any condition which produces intumescence of the turbinates. Descriptive literature says that administration of the ephedrine causes prompt shrinkage of the mucous membranes, thus re-

lieving congestion. It is also pointed out that the product's phenol content exerts a slight anesthetic action, and that the oil mixture provides a pleasant odor. The compound is supplied in flexible metal tubes called "pressules." For literature, clip the coupon.

**(D5) INFLAMMATIONS OF THE UROGENITAL TRACT:** Literature on Arheol describes it as a chemically-pure, standardized preparation from which uniform results may be expected. It is the purified, active principle of East Indian sandalwood oil, and is said to be free from the therapeutically inert but irritating substances found in the crude oil. Its indications include such conditions as gonorrhea, cystitis, vesical catarrh, prostatitis, and urethritis. Samples and literature will be forwarded upon request.

**(D6) CENTRIFUGES:** A catalog giving specifications of the Adams Junior Centrifuge and other models will be sent free to physicians upon request. It points out that the Adams Junior is adaptable to both AC and DC currents; is practically noiseless; is equipped with a five-speed, built-in rheostat; and has a speed of 2,000 R.P.M.

**(D7) BOTTLE FEEDING:** Written for doctors by a practicing pediatrician, this new, illustrated treatise, "Bottle Feeding in Relation to Infantile Colic and Malformation of the Mouth," is being distributed throughout the profession. It covers many points, heretofore said to be obscure, concerning the relation between nipples and infantile colic and malformation of the mouth.

**(D8) BURNS:** Samples of Unguentine are available to the profession on request. This well-known ointment con-

*For samples and literature, write key numbers of desired items on coupon on next page. Mail to MEDICAL ECONOMICS before May 15. Requests will be forwarded to the proper manufacturers.*

tains parahydrecin, a stable, non-toxic antiseptic, said to be capable of demonstration in dilutions of one to several millions. Besides, its manufacturers state, it will not precipitate albumin. Unguentine has been found equally effective in treating lacerations and skin irritations.

**(D9) DIARRHEA:** The makers of Kao-magma suggest its use in the treatment of colitis, "putomine poisoning," and other instances of intestinal toxemia and inflammation. They point out that the preparation adsorbs bacterial toxins and the products of putrefaction, soothes the inflamed mucosa, and promptly consolidates liquid feces. Kaomagma is an emulsion of medicinal Kaolin activated by fluid dispersion in Alumina Gel. Samples and literature are offered.

**(D10) DIABETES MELLITUS:** Here's a product, Pancrepatine, which offers an alternative in treating diabetes—oral medication. It is declared to reduce blood and urinary sugar because it contains the hormone from the islands of Langerhans in a form active by mouth. A special coating of the globule prevents its digestion in the stomach and duodenum. According to a leaflet, Pancrepatine can be used in conjunction with a suitable diet or as an aid in reducing the required dosage of insulin. Samples and literature are both available.

**(D11) SURGICAL INSTRUMENTS:** By clipping the coupon you can obtain a copy of Fred Haslam & Company's 1936 catalog containing 110 pages of illustrations and specifications of the latest standard surgical instruments, hospital supplies, and staple sundries.

**(D12) ARTHRITIS:** Befsal is indicated in the treatment of acute, sub-acute, and chronic arthritis and rheumatic conditions. According to a brochure, it is a stable compound capable of withstanding all attacks of bodily processes until arriving in the intestines. There, says the booklet, it becomes soluble and is able to react on the ferment and bacteria which produce perversion of the function of the epithelial cells of the small intestines. A copy of the literature and a clinical sample are available.

**(D13) LIVING PROTECTION:** "A New Plan of Life" is the title of this interesting, 15-page book put out by Investors Syndicate. It explains fully a plan of living protection which the company says enables a man to provide, on easy terms, a definite sum of money for his future needs. Forward the coupon for your copy.

**(D14) BODY SUPPORTS:** Here are six booklets giving information on the use of Spencer Supports. These supports are designed to meet exact requirements for (1) breast conditions; (2) hernia; (3) sacro-iliac sprain; (4) enteroptosis and intestinal stasis; (5) movable kidney; and (6) pregnancy and postpartum conditions. When requesting the booklets, indicate on the coupon the numbers of those desired.

**(D15) OFFICE FURNITURE:** If you are contemplating refurbishing your office or adding to your equipment, here's a catalog, put out by a leading furniture maker, that will give you an idea of the many new styles available.

MEDICAL ECONOMICS  
Rutherford, N. J.

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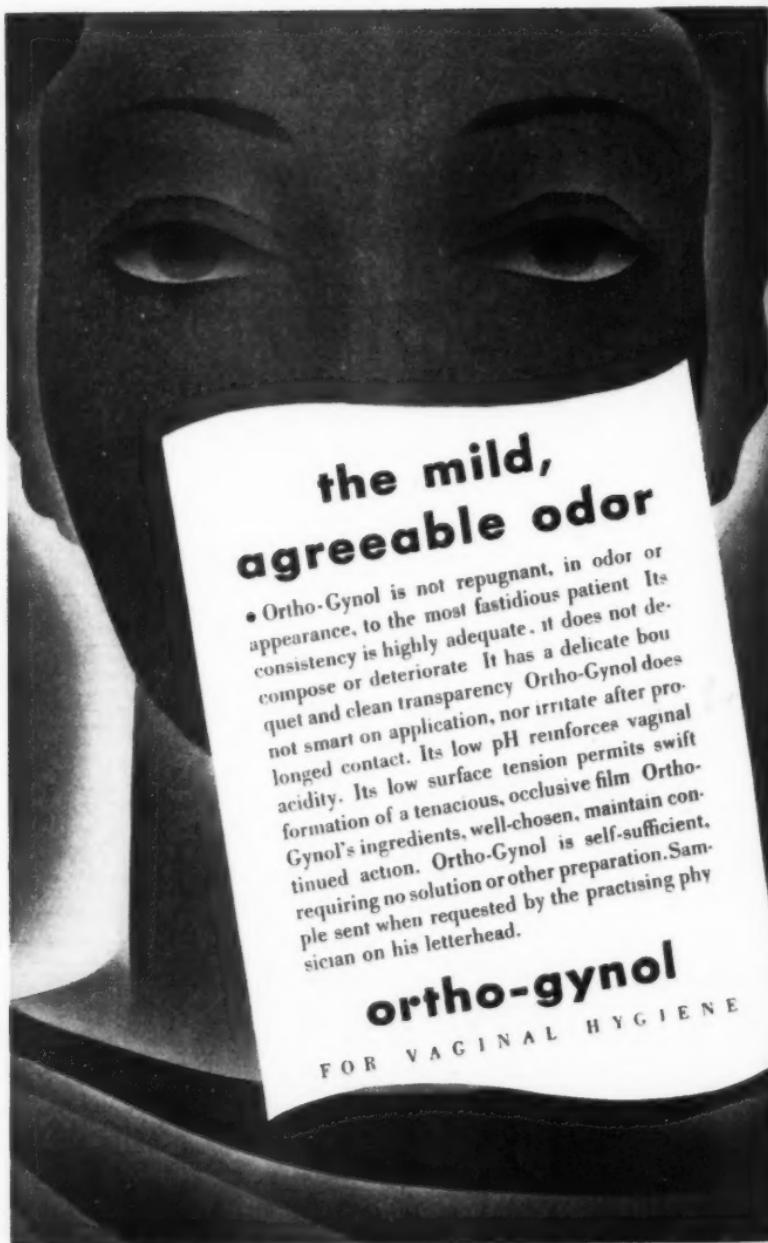
Of 20 arteriosclerotic

patients whom Damrau treated with Burnham's Soluble Iodine, 13 were completely relieved of their principal hypertensive symptoms and 5 more were considerably relieved.

**Samples on  
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*Dosage:* 20 to 30 drops in half a glass of water,  $\frac{1}{2}$  hour before meals. With meals a glass of milk, or Calcium Lactate 15 grains.

BURNHAM SOLUBLE IODINE CO., Auburndale, Boston, Massachusetts



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